

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

F-239

Date: <u>3-4-11</u>	Offender: (Please Print) <u>Michael Coleman</u>	ID#: <u>B-08725</u>
Present Facility: <u>Statesville C.C.</u>		Facility where grievance issue occurred: <u>Statesville C.C.</u>

NATURE OF GRIEVANCE:

MAR 17 2011
1191

☐ Personal Property ☐ Mail Handling ☐ Restoration of Good Time ☐ Disability
☐ Staff Conduct ☐ Dietary ☒ Medical Treatment ☐ HIPAA
☐ Transfer Denial by Facility ☐ Transfer Denial by Transfer Coordinator ☐ Other (specify): _____

☐ Disciplinary Report: _____
Date of Report: _____ Facility where issued: _____

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
 Chief Administrative Officer, only if EMERGENCY grievance.
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Brief Summary of Grievance: I was sent out to U.I.C. to have surgery on my right knee 12-21-2010 and U.I.C. fix my right knee and the Doctor at U.I.C. told me to make sure Doctor Ghosh give me physical Therapy after "30 days". I have been 3 months I have been writing physical Therapy plus Doctor Ghosh and they refuse to respond. and my knee is locking up. and I'm in pain.

Relief Requested: I need physical Therapy A.S. Ap plus some for the pain.

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Michael Coleman B08725 3, 4, 2011
Offender's Signature ID# Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)

Date Received: 3, 22, 11 ☐ Send directly to Grievance Officer ☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277

Response: Offender Coleman is on the physical therapy waiting list. He is number 28.

L. Dennis L. Dennis 3, 31, 11
Print Counselor's Name Counselor's Signature Date of Response

EMERGENCY REVIEW

Date Received: 3/18/11 Intake Issues DEC 16 2011

Is this determined to be of an emergency nature? ☐ Yes; expedite emergency grievance ☒ No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.

Marcus Hardy 3, 21, 11
Chief Administrative Officer's Signature Date

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

7/26/2011

Date: 7-26-11	Offender: (Please Print) Michael Coleman	ID#: B-08725
Present Facility: Stateville C.C.	Facility where grievance issue occurred: Stateville C.C.	

NATURE OF GRIEVANCE:

☐ Personal Property ☐ Mail Handling ☐ Restoration of Good Time ☐ Disability

☒ Staff Conduct ☐ Dietary ☒ Medical Treatment ☐ HIPAA SEP 2 2011

☐ Transfer Denial by Facility ☐ Transfer Denial by Transfer Coordinator ☐ Other (specify)

☐ Disciplinary Report: _____ Date of Report _____ Facility where issued _____

STA # M72

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:
Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
Chief Administrative Officer, only if EMERGENCY grievance.
Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Brief Summary of Grievance: I had Surgery on my right knee on 12/21/10 at "University of Illinois Medical Center" U.I.C. Medical Center, recommended that Stateville C.C. doctors give me physical therapy. So I stayed off my feet as much as I could writing an "Physical Therapy". But, some in my right knee been hurting me every since I had the surgery my right knee keep popping / going out / and swelling up on an off plus locking up. So I start writing.

Relief Requested: I want something for the pain in my back on right knee. And a "M.R.I" and medical treatment on my (Back and right knee) A.S.A.P

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Michael Coleman B-08725 7.26.11

Offender's Signature ID# Date

(Continue on reverse side if necessary)

Date Received: 8, 11, 11	Counselor's Response (If applicable) <u>REMOVED MAY 23, 2011</u>
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☒ Send directly to Grievance Officer ☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277.

Response: OFFENDER WAS RECOMMENDED FOR PHYSICAL THERAPY BY UIC MED CENTER ON 12/21/10. OFFENDER WAS SEEN ON MAY 20, 2011 & OPEN CLAIMS HE REINJURED HIS KNEE DUE TO THE LACK OF THERAPY. AT STATEVILLE C.C. ADVISED COUNSELOR HAD THAT OFFENDER IS NO LONGER FET AND WILL BE REFERRED FOR M.R.I.

STEPHEN H [Signature] 8.11.11

Print Counselor's Name Counselor's Signature Date of Response

EMERGENCY REVIEW	
Date Received: _____	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance
	<input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
Chief Administrative Officer's Signature _____	Date _____

JAN 24 2012

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

#2

the Doctor's in Statesville, C.C. telling them about my problem/condition. I wrote Doctor Mrs L. Williams on 1-24-11 she did not respond. So on 2-9-11 I wrote "Physical Therapy" telling them about my problem with my (Right knee) plus, U.I.C. Physical Center Recommendation they "Physical Therapy" did not respond. So I wrote Doctor Mrs L. Williams again on 2-14-11 Begging for medical treatment she did not answer. So I wrote Dr. Ghosh on 2/16/11 telling him I need help, my right knee keep popping going out and swelling up plus I'm in pain Dr. Ghosh did not respond. So I wrote a request to the health care unit on 2-18-11 telling them about my problem/condition, and I told them I'm in so much pain I can't walk sleep, nor eat, yet they did not respond. So on 2-21-11 I went and got me some pain pills because I was go take them, The Doctor's in (C.M.I.S) in Statesville C.C. would not respond to my "cry for help" and the pain was unbearable, then a officer c/o by the name of "Pantorelli" came to my cell D/9-57 to do property cell compliance, shake down and found eight pills in my right pocket. I told him they were my pain pills and then officer c/o Pantorelli cuff me up, and I was cuffed to F/ House "Segs" Disciplinary action was taken, L.T.G.L. Franklin "Chairperson" Recommended → gave me 4-months Segregation-4-months C-grade 4-months commissary restriction, And 6-months Visitation restriction-final. I put in for a time reduction/time cutt on 3-25-11 Because of my circumstance and the (Doctors and C.M.I.T) in Statesville C.C. neglecting me, But on 4-28-11 I was Denied By Anna Mc Bee C.C.II.

Again I wrote Dr. Ghosh and Dr. Mrs L. Williams on 3-25-11 telling them about my pain and condition on 3-25-11 I was called to sick call to the health care unit, I talk to Dr. Ghosh and.....

Continue on Next page

#3

he told me to talk to Doctor "Mrs Williams". I told her my problem / condition about my right knee, and I told her about my pain, plus I let her know I did not receive "Physical Therapy" that U.I.C medical center recommended for me after the Surgery to my right knee, yet Doctor Mrs L. Williams and Doctor Ghosh done nothing to help me, But charge me \$2.00 and sent me back to my cell,

So in "March" I filed a grievance on "Physical Therapy" not responding to my request for help, today is July 24, 2011 I still haven't, received no respond from the grievance office, on that matter.

Again I wrote Doctor Ghosh on 4/13/11 a letter requesting medical treatment on my right knee plus "Physical Therapy" and some for the pain, Dr Ghosh did not

11/10/2012

JAN 24 2012

#4

respond to my letter,

So I wrote the Medical Director in (Statesville C.C.) on 5/9/11 telling him about my problem / condition on my right knee and me not receiving "Physical Therapy", I also told the Medical Director that I wrote Doctor Mrs. L. Williams and Doctor Ghosh and they refuse to respond, yet I received no response from the medical director,

Again I wrote Doctor Mrs. L. Williams on 5-11-11 requesting medical treatment on my right knee because it keep locking up / popping / and I let her know I did not receive "Physical Therapy". She did not respond,

On May 23, 2011 at or about 5:00 p.m. I Michael Coleman #B08725 was being escorted from the "3-gallery" shower by C/O officer Colverson. When my right knee

100-108108

JAN 24 2012

#5

went out and locked up on the
 top of "3-gallery steps and I
 fell down all of the steps and
 my (Back plus right knee) went
 out, C/O officer "Tolson" and
 inmate "Hoss Weller" was stand-
 ing right there and witness it
 all, F/House officers took the cuffs
 off of me and let me lay at
 the bottom of "3-gallery steps and
 called a nurse by the name of
 (A. Bacat, C.M.T.) she came to
 F/House with a wheel chair, when
 I came to C/O Buckheart and
 C/O Vergara pick me up and
 help me down to 1-gallery and
 put me in a wheelchair, then
 the nurse (A. Bacat, C.M.T.) push
 me to the health care unit
 where nurse (A. Bacat, C.M.T.)
 gave me some "Acetaminophen"
 pills 325 m.g. and two tubes
 of ~~some~~ "Analgesic Balm" for
 my back plus right knee, plus
 two "Crutches", And she put
 me in to see a Doctor and
 list an incident report.

JAN 24 2012

#10

then she told me that's all she can do and sent me back to the cell.

Three days later on May 26, 2011 I received a pass in the mail for physical therapy. I went to physical therapy and told the physical therapist by the name of "Jose" what happen plus I showed him my right knee and told him my "back" went out he seen how much pain I was in and went and ask Doctor Mrs. L. Williams to give me medical treatment she refuse, so the physical therapist "Jose" put me in to see a doctor and sent me back to my cell. he did not take me through the "physical therapy" process. On Jun 1, 2011 I wrote a letter to the health care unit telling them what happen that I fell down "3- gallery" steps and I'm in pain my back plus right knee, that I need help, they did not respond, yet I receive

JAN 24 2012

#7

a pass for physical Therapy on 6/2/11
again I was in too much pain
the "physical Therapist" Jose did not
take me through the process,
and the physical Therapist Jose
told me months back prior to
me falling down the steps on
5/23/11. They forgot to call
me to "physical therapy" because
my mom slip through the paper-
work. Again "Jose" put me in
to see a doctor.

on Jun 6, 2011 the health care
unit sent me a pass to come
and see a Doctor, I went to
the health care unit on 6/6/11
and the doctor refuse to see me,
A nurse by the name of ~~Estri~~ Estri-
martin came out to the Bull-
pin and told me my pass is cancell
the doctor is refusing to treat me
The nurse by the name of Estri-
martin told me they was go send
me a pass for 6-7-11 are 6-8-11 to
see a "medical director", I never
received a pass nor seen no doctor

JAN 24 2012

8

on 6-11-11 I wrote "Doctor Schofer" a letter requesting medical treatment telling him about my incident I had on 5-23-11 me falling down 3-gallery steps in F/House, And the pain my (Back and Right Knee) is in, he did not answer, "no responds."

on 6-12-11 I wrote "Dr. Batista" a letter requesting (medical attention) telling him about the pain my Back and Right Knee^{is} in, And I ask him can he please help me. Dr. Batista did not respond.

on 6-13-11 I went to the Asthma-Clinic, Dr. Schofer refuse to talk to me about my May 23, 2011 incident I told him my (Back & Right Knee) is in pain and I cant walk good nor sleep, Dr. Schofer refuse to treat me and told me he dont want to hear it, I'm in his office for Asthma and asthma only, on 6-15-11 I received some Acetaminophen pills 325 m.g.

JAN 24 2012

2012 JAN 24 2012

#9

generic for Tylenol. name on pack - "Shaefer".

On 6-7-11 I wrote a grievance on (staff conduct on medical treatment.) today is July 25, 2011. I haven't receive no responds to that grievance yet.

I went to "physical Therapy" on 7-14-11. I ~~was~~ in so much pain that the physical Therapist "Jose" did not take me through the process. I showed the physical Therapist Jose my right knee and he witness the swelling in my right knee plus my knee cap Bone going to the right, plus I cant move my back good. So again he told me he go put me in to see a doctor and sent me back to the cell.

on 7/19/11 4:00 A.M. I receive some Acetaminophen Tabl 325 M.G. generic for Tylenol from a medical Technician (C.M.T). name on pack too

David

JAN 24 2012

#10

Tylenol from a Medical Technicians (C.M.T.). Name on package - L. Williams. How I don't know, I haven't talk to Doctor L. Williams since 3-25-11. And she refuse to talk to me about my 5-23-11 incident.

on 7-21-11 I was call to physical Therapy. When I get there my right knee still "swelling" and Back in pain. physical Therapist "Jose" ask me did I get to see a doctor or did I even receive a call pass to see a doctor I told him no and he was in "shock" because he put me in to see a doctor and I still haven't receive no medical treatment. He told me Doctor Mrs L. Williams come and get my medical file from him on 7-14-11. And he thought I been her and a doctor I told him I haven't met seen a doctor nor Dr. Mrs L. Williams about my situation yet.

2019 Issues

JAN 24 2012

#11

Physical Therapist "Jose" open my medical file to look at the incident report that was wrote on 5-23-11. And could not find it. The last person with my medical file → Dr. Enns - L. Williams. Physical Therapist "Jose" told me to leave his office because I'm not fit for physical therapy. And he told me he go put me in to see a Doctor and he go tell them in request he is refusing to treat me untill I receive medical treatment on my "Back" and Right Knee.

To day is "July 26, 2011" and I'm still in F/ house on "3-gallery" the gallery I fall down the steps on, in pain cant walk nor sleep, and I still have not receive medical treatment yet.

Again somebody please help
Kris A.S.A.P

✓ over

JAN 24 2012

#12

The (C.M.T.'s) plus Doctor's and Medical Director. in Statesville C.C. have a prestige Standard: they must up hold. And the Department Rule 415, Health Care Code "V" (Offender Bill of Rights) the Statesville C.C. health care unit affirms, as department policy, the following right/responsibilities of offenders requesting health care services, it is the purpose of this policy to assure all offender patients are treated in a manner that recognized their basic human rights. This policy is also directed as establishing an atmosphere of trust between the offender and the health care provider. It is the responsibility of the health care unit Administrator to oversee the provisions of this policy.

1. Access to all health care services determined to be medically appropriate. Services provided are without discrimination as to race, color, religion, sex, national origin, ~~and~~

JAN 24 2012

#13

origin, political belief, handicap,
or custody status,

2. Treatment with dignity and respect.
Consideration given to cultural,
psychosocial, spiritual, and personal
values,

3. Continuity of care within applicable
laws and policies which govern the
Statesville C.C. health care unit,
and within the resources available.
Services beyond the capability of
the health care unit are provided
through appropriate community
resources.

(Doctor Mrs J. Williams) and the
(C.M.T.s) plus "Medical Director"
in Statesville C.C. has fell way
down beyond the department rule 415
Health care Bill of rights, And
all need to be investigated, And
under no ~~any~~ circumstances should
the "Breacher" / "Violating", The rule
415 Health care Bill of right
be "tolerated nor condoned."

Again please help me and make ^{over}

JAN 24 2012

#14

I sure I receive medical treatment
on my (Back and Right Knee) A.S.A.P

"Thank you"

Respectfully Requested

Michael Coleman #B-08725

F/ House call "3-44"

"PS please Respond

A.S.A.P

It's been over two
months and I haven't
received no medical
treatment on my Back nor
Right Knee yet.



Issues

JAN 27 2012

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

Date: <u>9-20-2011</u>	Offender: (Please Print) <u>Michael Coleman</u>	ID#: <u>B-08725</u>
Present Facility: <u>State VILL C.C.</u>	Facility where grievance issue occurred: <u>State VILL C.C.</u>	
GRIEVANCE OFFICE SEP 28 2011		
NATURE OF GRIEVANCE:		
<input type="checkbox"/> Personal Property <input checked="" type="checkbox"/> "Staff Conduct" <input type="checkbox"/> Transfer Denial by Facility <input type="checkbox"/> Disciplinary Report: _____	<input type="checkbox"/> Mail Handling <input type="checkbox"/> Dietary <input type="checkbox"/> Transfer Denial by Transfer Coordinator <input type="checkbox"/> Date of Report: _____	<input type="checkbox"/> Restoration of Good Time <input checked="" type="checkbox"/> "Medical Treatment" <input type="checkbox"/> Disability <input type="checkbox"/> HIPAA # <u>3675</u> <input type="checkbox"/> Other (specify): _____
Facility where issued: _____ Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification. Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.		
Brief Summary of Grievance: <u>I had surgery on my right knee on 12/2/10 at University of Illinois Medical Center. U.I.C. Medical doctors recommended that Statesville C.C. doctors give me physical therapy. Statesville doctors did not give me physical therapy. They fell to honor the recommendation. Even after I wrote request. After request, Dr. to a lack of "physical therapy" and "medical treatment" on May 23, 2011 coming from the doctor on 3-gallery in F/ House my right knee looked up and I fell off 3-gallery in F/ House and made me in a low aggression house on a low gallery A.S.A.P.</u>		
Relief Requested: <u>my aggression level is a low 3, please get me off 3-gallery in F/ House and make me in a low aggression house on a low gallery A.S.A.P.</u>		
<input checked="" type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.		
<u>Michael Coleman</u> Offender's Signature		<u>B-08725</u> ID#
		<u>9, 20, 2011</u> Date
(Continue on reverse side if necessary)		

Counselor's Response (if applicable)	
Date Received: <u>10, 19, 11</u>	<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277
Response: <u>Issue resolved. Coleman is currently living in D-330, which is low gallery cell.</u>	
<u>Krabideau CCZ</u> Print Counselor's Name	
<u>Krabideau CCZ</u> Counselor's Signature	
<u>10, 20, 11</u> Date of Response	

EMERGENCY REVIEW	
Date Received: <u>9, 29, 11</u>	Is this determined to be of an emergency nature?
<input type="checkbox"/> Yes; expedite emergency grievance <input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.	
<u>Marcus Hairy</u> Chief Administrative Officer's Signature	
<u>9, 29, 11</u> Date	

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

didn't get all of 3-gallery steps and "no injured" my (right knee and back.)

Today is 9/20/11 Stateville doctors still haven't given me no "medical treatment" on my right "knee and back" I haven't received no X-Ray and no M.R.I. the "C.N.T" A Boast gave me a crutch on 5/23/11. And I'm placed on 3-gallery the gallery I fell off of on 5/23/11. the (staff and doctors) no that I'm not suppose to be on one high gallery because in the "file" in F/ House Sgt office plus my "medical file" there is a (medical permit) and I have one telling them I do not suppose to be on one high gallery. Again Stateville "Staff and Doctors" refuse to honor my medical permit that was issued to me on 4/1/11 4-1-11

C/C

1-18-12

Dear: Administrative Review Board

I wrote a grievance against
 ("Staff conduct on medical treatment")
 on 7-26-11. And I received a
 response on 1-17-12.

The Medical Staff at stateville
 C.C. did not answer my grievance
 instead I was submitted for
 a transfer. And I did not ask
 nor put in for no transfer.
 and I do not want to be transfered.
 I only wanted medical help.

Dear: Administrative Review Board
 this is a form of "retaliation" by
~~on~~ the "Medical Staff" and one
 "administration". And I'm requesting
 that the transfer be stop and
 uplifted. And the retaliation stop.
 All I did was ask for medical.

Michael Coleman #B08725

D/ House. 3-30

please respond

5. I have over
 5-Enemies in
Kennard prison

Inmate 100100

JAN 24 2012

ILLINOIS DEPARTMENT OF CORRECTIONS
- OFFENDER'S GRIEVANCE

Date: 6-11-12 Offender: Michael Coleman ID#: B-08725
 Present Facility: Stateville C.C. Facility where grievance issue occurred: Stateville C.C.

NATURE OF GRIEVANCE:

☒ Personal Property ☐ Mail Handling ☐ Restoration of Good Time ☐ Disability ☐ Grievance Office
☒ Staff Conduct ☐ Dietary ☐ Medical Treatment ☐ HIPAA
☐ Transfer Denial by Facility ☐ Transfer Denial by Transfer Coordinator ☒ Other (specify): Shakedown, Chas
☐ Disciplinary Report: 1 Date of Report: 6-11-12 Facility where issued: Stateville C.C.

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody location.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board, Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Brief Summary of Grievance: On 6-11-12 at about 8:00 A.M. The Orange Crush Shakedown crew came to D/House call 3-30 and call me up then walk me to the dining room (kitchen) where I was told to sit down until the orange crush was done shaking my cell down and the D-House unit. about 3-hours later the orange crush walk me back to my cell D-3-30 where I discovered my "Grand Jury - minutes transcripts" is gone, plus my some-
Relief Requested: I want my Grand Jury minutes transcripts back. And I want my 3.78 pictures of my kids and family back. plus I want my clean times
☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.
Michael Coleman B-08725 6.11.12
 Offender's Signature ID# Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)

Date Received: 6.19.12 ☐ Send directly to Grievance Officer ☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277

Response: On 6/11/12 state wide TACT team conducted shakedowns in Delta House. That afternoon I made rounds and inmate Coleman spoke to me about his headphones, radio, fan and walkman being broken and his court transcripts and pictures missing. However, I
A. Polowin Allen 06.28.12
 Print Counselor's Name Counselor's Signature Date of Response

EMERGENCY REVIEW

Date Received: 6.15.12 Is this determined to be of an emergency nature? ☐ Yes; expedite emergency grievance ☒ No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.

A Marcus Brady 6.18.12
 Chief Administrative Officer's Signature Date

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

head phone is broken. And I'm missing "3.70" pictures of my kids - another - grand mom and sister I been locked up in prison for over 18-years, and it took me off of them years to get them pictures and now they gone. And the orange couch broke my "Clara Taylor Radio" and my fan, plus my "Sony Walkman" is broke in 3 pieces, and it don't work up on discovering one of this I ask officer Peterson where is my shake down slip, and he told me that orange couch left the building and did not leave no shake down slip. Then officer Peterson gave me a grievance to fill out and told me to contact my Counselor A.S. A.D. officer Peterson also inform me that I was not the only inmate that did not receive a shake down slip.

→ Radio, fan and my fan, and I want a new walkman and Sony headphones.

cannot substantiate where the damage to those items occurred. Also there was no shake down slip to verify what items were confiscated. Further more, Personal Property does not have any record of items being confiscated from inmate Coleman during this shake down.

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

Date: 1-23-12 Offender: Michael Coleman ID#: B08725
(Please Print) GRIEVANCE OFFICE

Present Facility: Stateville C.C. Facility where grievance issue occurred: Stateville C.C.

NATURE OF GRIEVANCE:

☒ Personal Property ☐ Mail Handling ☐ Restoration of Good Time ☐ Disability 5061
☒ Staff Conduct ☐ Dietary ☐ Medical Treatment ☐ HIPAA
☐ Transfer Denial by Facility ☐ Transfer Denial by Transfer Coordinator ☒ Other (specify): Commissary

☐ Disciplinary Report: _____ Date of Report _____ Facility where issued _____

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

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Brief Summary of Grievance: The Warden's Bulletin No. 2012 dated October 17, 2012, affect me because it states that effective, October 1, 2012 The department will no longer be charging 7% overhead charge for commissary goods. And I've been here at Stateville C.C. since (2/1996 - February 1996) paying that overhead charge. I would like all back pay and to be reimbursed for all commissary purchases. Proper and prompt refund. It's a violation on the administrative staff.

Relief Requested: I would like to be reimbursed for all 7% overhead charge from "1996 to 2012"
Thank you.

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Michael Coleman B08725 11.23.12
 Offender's Signature ID# Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)

Date Received: 11, 24, 12 ☐ Send directly to Grievance Officer ☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62764-9277

Response: WARDEN'S BULLETIN NO. 2012 - 83 STATES, NO REFUNDS FOR PRIOR PURCHASES WILL BE ISSUED.

T. WASHINGTON J. M. L. 12, 4, 12
 Print Counselor's Name Counselor's Signature Date of Response

EMERGENCY REVIEW

Date Received: _____ Is this determined to be of an emergency nature? ☐ Yes; expedite emergency grievance
☐ No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.

 Chief Administrative Officer's Signature Inmate issues _____ Date

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

who run and control the ~~the~~ inmate comm-
unity. And I want to be reimbursed.
Thank you respectfully requested.
Michael Coleman

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

Date: <u>1-15-13</u>	Offender: <u>Michael Coleman</u> (Please Print)	ID#: <u>B08725</u>
Present Facility: <u>Stateville C.C.</u>	Facility where grievance issue occurred: <u>Stateville C.C.</u>	GRIEVANCE OFFICE

NATURE OF GRIEVANCE:

☐ Personal Property ☐ Mail Handling ☐ Restoration of Good Time ☐ Disability
☐ Staff Conduct ☐ Dietary ☒ Medical Treatment ☐ HIPAA
☐ Transfer Denial by Facility ☐ Transfer Denial by Transfer Coordinator ☐ Other (specify): _____

☐ Disciplinary Report: _____

JAN 25 2013

Date of Report Facility where issued

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
 Chief Administrative Officer, only if EMERGENCY grievance.
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Brief Summary of Grievance: I had Surgery on my right knee on 12/21/2010 at U.I.C medical Center. But did not receive the physical Therapy that was recommended by the physician from U.I.C medical Center. On May 23, 2011 coming from the shower on 3-gallery with my hands cuffed behind my back in F/House my right knee went out and I fell down a flight of stairs from 3-gallery to two gallery. As a result of falling down the stairs I reinjured my

Relief Requested: I want to be seen by a knee specialist and I want my right knee fix, and Back. Plus I want some for the pain in my knee & Back.

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Michael Coleman B-08725 1, 15, 2013
 Offender's Signature ID# Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)		
Date Received: <u>1, 16, 13</u>	<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277	
Response: <u>A copy of this grievance has been forwarded to the HCU for review and response and the original grievance has been forwarded to the grievance Office. There is no need to send your copy to the grievance office or the Health Care Unit. You will receive a final response from the Grievance Office when the Health Care Unit responds to same.</u>		
<u>A. Waarith</u> Print Counselor's Name	<u>Car Waarith</u> Counselor's Signature	<u>1, 16, 13</u> Date of Response

EMERGENCY REVIEW		
Date Received: <u>1, 1, 13</u>	Is this determined to be of an emergency nature? <u>NO</u>	<input type="checkbox"/> Yes; expedite emergency grievance <input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
<u>APR 01 2013</u> Chief Administrative Officer's Signature		Date: _____

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

Right knee and I hurt my Back. Every since then I been in pain my Back and Right knee, the physical Therapist "Jose Becerra" tried to give me physical therapy after I fell down the stairs on 5-25-11 but everytime he tried my Right-knee would not stop swelling up, plus popping so the physical Therapist told me I was not fit for physical Therapy and put me in to see a doctor. Every since then I been going through painfull problems with my Right knee and Back.

On 11-21-12 I was called to the E.R. by the medical director "Salah Alraisi" and he told me I was not fit for physical Therapy because my Right knee keep popping plus swelling up and my back is in pain so he told me he go send me out to see a "Specialist". But yet Dr. Alraisi did not give me nothing for the pain in my Back plus Right knee. today is 1-15-13 and I am still in the cell; my Right knee plus back is in pain and I cant sleep. Dr. Alraisi have not answer none of my request for help since I seen him on 11-21-12 and no I have not been set to see no "Specialist".

Can somebody please help me, I am in pain, I need to see a knee specialist plus some pain medication.

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

#1

D330

Date: 4-3-2013 Offender: Michael Coleman ID#: B08725

Present Facility: Stateville CC. Facility where grievance issue occurred: Stateville CC.

NATURE OF GRIEVANCE:

☒ Personal Property ☐ Mail Handling ☐ Restoration of Good Time ☐ Disability

☒ Staff Conduct ☐ Dietary ☒ Medical Treatment ☐ HIPAA 08 2013

☐ Transfer Denial by Facility ☐ Transfer Denial by Transfer Coordinator ☐ Other 1120

☐ Disciplinary Report: _____ Date of Report: _____

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Brief Summary of Grievance: On 4/3/2013 April B. 2013 Chief Admin- instant office "Warden" Michael Lemke and (Prisoner) Mcgarvey) taking notes in D/House on every gallery.

Warden Michael Lemke when was and Prisoner Mcgarvey got on "3-gallery-stops" that was me Michael Coleman calling you for help. But you scream out that you had to go to the corner some Business

Relief Requested: Warden Michael Lemke can you please order your staff and health care unit Dr. Abasi to give me some medical treatment on my back & knee.

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Michael Coleman B08725 4.3.2013

Offender's Signature ID# Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)

Date Received: 4.15.13 ☐ Send directly to Grievance Officer ☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277

Response: A copy of this grievance has been forwarded to the HCU for review and response and the original grievance has been forwarded to the Grievance office on the Health Care Unit. You will receive a final response from the Grievance Office when Health Care responds to same.

Amariah Warrith Con Warrith 4.15.13

Print Counselor's Name Counselor's Signature Date of Response

EMERGENCY REVIEW

Date Received: 4.11.13 note issues

Is this determined to be of an emergency nature? ☐ Yes; expedite emergency grievance ☒ No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.

Michael Lemke 4.11.13

Chief Administrative Officer's Signature Date

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

And you order" Major Mrs. Mcgarvey to finish making rounds on 3-gallery, with out you.

Warden Michael Hamke Major Mrs. Mcgarvey came to my cell 3-30 I was sitting on my crutch holding my back with my left hand I told Major Mrs. Mcgarvey that my back is in "extreme pain" and my back has been in pain since I fell down on flight of steps in E/House off 3-gallery on May 23, 2016. I did not receive no X-ray on my back until 16-months later. Now my right knee is until 9-13-17 despite me writing a number of grievances and request for help. I also told Major Mrs. Mcgarvey that the Health care unit / Dr. Obriest won't and refuse to answer any of my request for help. And I told Major Mrs. Mcgarvey that I don't have no pain medication and I can't sleep no more because of the pain in my back / Right knee. I also told Major Mrs. Mcgarvey that Medical Director Sarah Obriest refuse to give me the results from the X-ray on my back. Dr. Obriest also refuse to treat me for my back / pain. Then I ask Major Mrs. Mcgarvey can she please call a doctor to come and give me some medical treatment on my back she refuse and told me to write and request medical treatment. I showed Major Mrs. Mcgarvey all the letters plus grievances I wrote requesting medical treatment on my back & right knee that has not been answered. Then I beg Major Mrs. Mcgarvey to walk me over to the Health care unit and help me get some medical treatment on my back, again she refuse. And told me to keep writing.

Chief Administrative Officer Warden Michael Hamke again I'm asking you please stop in and help me get some medical treatment on my back a.s.a.p I'm

#

in pain I can not sleep, nor
walk good and I don't have no
pain medication, plus Major MS -
the gov't refuse to help me
and I have ran out of people
to write for help.

"Thank you"
Respectfully Requested
Michael Coleman
#B-08725
D/3-30

(Continued) Relief Requested: plus I want to
be seen by a knee specialist and
~~some~~ I want a M.R.I on my
Back and some pain medication A.S.A.
matc issues

OCT-29 2013

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

D350

2013 Offender: Michael Coleman ID#: B08725
 Stateville C.C. Facility where grievance issue occurred: Stateville C.C.

ANCE:

- ☐ Property ☐ Mail Handling ☒ Restoration of Good Time ☐ Disability
☐ Dietary ☒ Medical Treatment ☐ HIPAA
☐ Transfer Denial by Facility ☐ Transfer Denial by Transfer Coordinator ☐ Other (Specify) _____
☐ Disciplinary Report: _____ Date of Report: _____ Facility where issued: 1102

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.

Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.

Chief Administrative Officer, only if EMERGENCY grievance.

Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Brief Summary of Grievance:

I wrote the Medical Director
 Sahel Obaissi more than 8" letter and
 request telling him my Back plus Right
 knee is in pain and has been in pain
 every since I fell down the steps in F-House
 with my hands cuff behind my Back.
 Dr. Obaissi refuse to answer any of my
 request for help. Dr. Obaissi refuse to give
 me some pain medication for my "Back" and
 "Right Knee". I had Surgery on my Right

Relief Requested:

I want a M.R.I. on my Back, plus some
 pain medication for my "Back" and "Right Knee".
 And I want to be seen by a "Knee Specialist".

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Michael Coleman
 Offender's Signature

B08725 3.16.2013
 ID# Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)

Date

Received: 4.11.13

☐ Send directly to Grievance Officer

☐ Outside jurisdiction of this facility. Send to
 Administrative Review Board, P.O. Box 19277,
 Springfield, IL 62794-9277.

Response: A copy of this grievance has been forwarded to the HCU for review and
 response and the original grievance has been forwarded to the grievance office.
 There is no need to send your copy to the grievance office or Health Care Unit.
 You will receive a final response from the Grievance Office when HCU responds
 to same.

Aimee Warrith
 Print Counselor's Name

Cam G. [Signature]
 Counselor's Signature

4.11.13
 Date of Response

EMERGENCY REVIEW

Date

Received: 4.15.13

Is this determined to be of an emergency nature?

☐ Yes; expedite emergency grievance

☒ No; an emergency is not substantiated.
 Offender should submit this grievance
 in the normal manner.

Michael [Signature] (SS)
 Chief Administrative Officer's Signature

4.15.13
 Date

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

2.

Knee on 12-21-2010 I did not receive the physical therapy that was mandated by the physician from University of Illinois Medical Center my Right Knee went out on me and locked at the top of 3-gallery steps in E-House. On 5-23-2011 I fell down a flight of steps with my hands & Cuff behind my back. → I did not receive an X-Ray on my (Back and Right Knee) until 9-13-2012.

I been writing Dr. Obaissi a number of letters & request asking him for the results from the X-Ray on my Back plus Right Knee he refuse to answer.

On 11-21-2012 I received a notification of Appointment to go to the health care unit to see Dr. Saleh Obaissi. Dr. Obaissi told me he can see where my Right Knee keep swelling up, and he told me my Right Knee do not rotate right. Dr. Obaissi told me at this point it's to late for physical therapy: I'm not fit for physical therapy because it will only make my Right Knee worse. Then Dr. Obaissi told me he go send me out to see a knee - Specialist, today is 3-26-2013 And I have not been out to see no knee Specialist and I'm sitting in the cell Back and Right Knee in pain with no pain medication, And again Dr. Obaissi refuse to answer any of my request for help. And Dr. Obaissi refuse to address my issue about my Back pain Dr. Obaissi refuse to answer any questions about my Back. Dr. Obaissi refuse to give me the results from the X-Ray on my Back.

→ Chief Administrative Officer Warden - Michael Lemke Can you please step in and see that I receive medical treatment on my Back plus Right Knee: As I'm in pain, and Dr. Obaissi Refuse to answer any of my request for help.

3.

Inmate Issues

JUL 3 1 2013

Chief Administrative officer -
Warden "Michael Hemke" sir
Can you please call or fax
Weyford Health care services Inc.
And order that I be sent out
to have a M.R.I on my "Back"
plus to see a Specialist about
my "Right Knee". A.S. A.P ??? I'm
in pain.

JUL 3 1 2013

Chief Administrative officer Warden
Michael Hemke sir the Health
Care Unit - offender Bill of rights
read → The Stateville C.C. Health
Care Unit affirms, as department
policy, The following right/responsi-
bilities of offenders requesting health
care services. It is the purpose
of this policy to assure all offender
patients are treated in a manner
that recognized their basic
human rights. This policy is also
directed at establishing an atmosphere
of trust between the offender and
the health care provider. It is
the responsibility of the Health Care
Unit Administrator to oversee

4.

The provisions of this policy.

- # 1. Access to all health care services determined to be medically appropriate. Services provided are without discrimination as to race, color, religion, sex, national origin, political belief, handicap, or custody status.
- # 2. Treatment with dignity and respect. Consideration given to cultural, psychosocial, spiritual, and personal values.
- # 3. Continuity of care within applicable laws and policies, which govern the Statesville C.C. Health Care Unit, and within the resources available. Services beyond the capability of the Health Care Unit are provided through appropriate community resources.
- # 7. Effective communication and access to information regarding your diagnosis, treatment, and the expected outcome. When concern for your health makes it inadvisable to give such information, the information will be made available to an individual designated, by you, or to a legally

individual. Again Chief -
 Administrative Officer Warden
 Michael Lemke Can you
 please stop in and make
 sure I receive the Medical-
 Treatment that I'm requesting
 on my Back plus Right knee -
 I'm in pain I can't walk nor
 sleep. Dr. Obaizi refuse to
 address the pain in my "Back"
 plus my "Back injury". And he
 will not give me the results from
 the X-Ray I had on my Back -
 on 9-13-2012.

Inmate 155193

JUL 3 2013

" Thank you sir
 Respectfully Requested "

PS please respond
 soon I'm in
 pain. with
 no pain
 medication

Michael Coleman
 # B08725
 D/House cell 3-30

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

D330

Date: <u>7-29-2013</u>	Offender: <u>Michael Coleman</u> (Please Print)	ID#: <u>B-08725</u>
Present Facility: <u>Stateville C.C.</u>	Facility where grievance issue occurred: <u>Stateville C.C.</u>	

NATURE OF GRIEVANCE:

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> Disability
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator		
<input type="checkbox"/> Disciplinary Report: _____			

GRIEVANCE OFFICE
AUG 8 2013
AUG 22 2013
STA # M720
Facility where issued

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
 Chief Administrative Officer, only if EMERGENCY grievance.
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Brief Summary of Grievance: On Mon 23.2011. in F/House I fell down a flight of stairs with my hands cuffed behind my back. My back has been in pain every since 5-23-2011. Physician ~~and~~ assistant Latanya Williams refuse to treat me for my back pain. medical Director Dr. Bautista refuse to treat me for my back pain. Dr. Schaefer refuse to treat me for my back pain. medical Director Dr. Carter refuse to treat

Relief Requested: I want a M.R.I. on my "Back". A.S.A.P and I want the results from from the first X-Ray I had on my "Back".

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Michael Coleman B-08725 7.29.2013
Offender's Signature ID# Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)

Date Received: 8.15.13 ☐ Send directly to Grievance Officer ☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277

Response: A copy of this grievance has been forwarded to the HCU for review and response and the original grievance has been forwarded to the grievance office there is no need to send your copy to the Grievance office or HCU. You will receive a final response from the Grievance office when the Health Care Unit responds to same.

Ameciah Warrith Celia Warrith 8.19.13
Print Counselor's Name Counselor's Signature Date of Response

RECEIVED

EMERGENCY REVIEW

Date Received: 8.9.13 Is this determined to be of an emergency nature? ☐ Yes; expedite emergency grievance ☒ No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.

Michael J. J. J. 8.12.13
Chief Administrative Officer's Signature Date

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

me for my Back pain. And they all have knowledge of my Back condition/pain. Medical Director Dr. Obasi have knowledge of my Back pain. Yet he refuse to go through the right Chain of procedures to see what's wrong with my Back so that my Back can be fix. Everytime I go to see Dr. Obasi in the E.R. or U.C. I tell him about my "Back pain" and "Back" condition yet he fuse to help me. Dr. Obasi refuse to give me the first X-Ray results I had on my Back. Dr. Obasi refuse to call any of Weeford Health Sources, Inc. "provider" to request a M.R.I. on my Back. Yet Weeford already have knowledge of my Back pain. Dr. Obasi refuse to appoint me for a M.R.I. on my Back. my "Back" has been in "pain" ever since I fell down a flight of stairs in F/ House on 5/23/2011 with my hands cuff behind my Back. Yet all the "Medical Directors" and "Doctors" plus "physician assistant" refuse to treat me for my Back pain and they all have knowledge of Condition/pain in my Back. Dr. Obasi refuse to order a M.R.I. on my Back.

Again my Back is in pain and its getting worse, I can not walk with out 2-crutches. Can somebody please order a M.R.I. on my Back plus help me.

"Respectfully Requested"
Michael Coleman
#B-08725

*PS. I also seen Dr. Obasi on 7-29-2013 again he refuse to order a M.R.I. on my Back.

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

D330

Date: 10-7-2013 Offender (Please Print): Coleman ID#: B08725

Present Facility: Stateville CC Facility where grievance issue occurred: Stateville CC

NATURE OF GRIEVANCE:

☐ Personal Property ☐ Mail Handling ☐ Restoration of Good Time ☐ ADA Disability Accommodation

☐ Staff Conduct ☐ Dietary ☒ Medical Treatment ☐ HIPAA

☐ Transfer Denial by Facility ☐ Transfer Denial by Transfer Coordinator ☐ Other

☐ Disciplinary Report: _____ Date of Report: _____ Facility where issued: _____

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:
Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board
Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor
Chief Administrative Officer, only if EMERGENCY grievance.
Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

On 10-7-2013 I was summoned to the Health Care Unit by Notification of Appointment "pass" to see the "medical director" Dr. Saleh-Obaie in the U.C. Unit, about my back (pain and right knee pain.) I was called to the back by physician assistance Latonya-Williams. When I went in the U.C. Unit to see Dr. Obaie, I was told that Latonya Williams and Dr. Obaie did not want to see me.

Relief Requested: I want the retaliation by P.A. Latonya Williams and Medical Director Dr. Obaie to stop. And I want an M.R.I. on my back & knee.

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self

Michael Coleman B08725 10.7.2013

Offender's Signature ID# Date

(Continue on reverse side if necessary)

Date Received: 10.23.13 ☐ Send directly to Grievance Officer ☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-0277

Response: A copy of this grievance has been forwarded to the HCU for review and response and the original grievance has been forwarded to the grievance officer. You will receive a final response from the grievance officer when the health care unit responds to same.

R. B. Hop [Signature]

Prison Counselor's Name Counselor's Signature

10.29.13

EMERGENCY REVIEW

Date Received: 10.11.13 Is this determined to be of an emergency nature? ☐ Yes; expedite and process grievance ☒ No; an emergency is not indicated. Offender should be processed in the normal manner.

Michael Lu (55) 10.11.13

Chief Administrative Officer's Signature Date

RECEIVED
OCT 28 2014
OFFICE OF INMATE ISSUES

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

see me. And then I was escorted back to the Bull pen. Well I was waiting in the Bull pen to see Dr. Obriai about my Back Pain and Right Knee pain. C/O officer ~~Holmes~~ ^{Woods} came to the Bull pen and told me 3 times the → Physician assistance Latanya Williams and medical director Dr. Salah Obriai is Refusing to see me and treat me for my Back pain and Right Knee pain. And then I was sent back to my cell in pain. Dr. Obriai refuse to order a M.R.I. on my "Back".

I also went out to see a "Knee Specialist" on 7-22-2013 at U.I.C medical Center. The physician at U.I.C medical Center told me my Right Knee is not well and the physician order a new M.R.I. on my Right Knee. And the physician at U.I.C medical center told me Dr. Salah Obriai suppose to send me back out to U.I.C medical Center to receive a M.R.I. on my Right Knee with in the next 4-weeks today is 10/7/2013 its been 8-weeks and Dr. Obriai I refuse to ~~go~~ follow the physician from U.I.C orders by not sending me out to U.I.C medical center to have a M.R.I. on my Right Knee.

This is all a form of "Retaliation" on me ~~too~~ because I filed a "1983 lawsuit" on (physician assistance Latanya Williams) and the "medical director" at stateville C. And now I am being I refused medical treatment by Latanya Williams and Dr. Salah Obriai. And now I am requesting that it stop. And that I receive medical treatment on my Back and Right Knee. I

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

Dr. Abasi refuse to call me. Its been 5-months Dr. Abasi refuse to treat me for my growing injury and nerve injury, now I cant sleep nor walk good dont get no pain medication my body 23.2011. situation is getting worse, my back and leg is in pain And I want to know why Dr. Abasi refuse to treat my injuries.

"PS please somebody get me some medical treatment A.S.A.P. I'm in pain I cant sleep nor walk."

Thank you

Respectfully Requested

Michael Coleman

#B-08725

D/ House cell 3-30

RECEIVED

OCT 28 2014

OFFICE OF
INMATE ISSUES

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

Date: <u>2-25-2014</u>	Offender: <u>Michael Coleman</u>	ID#: <u>B-08725</u>
Present Facility: <u>Stateville CC</u>	Facility where grievance issue occurred: <u>Stateville CC</u>	

NATURE OF GRIEVANCE:

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> ADA Disability Access/Modifications
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> <u>Medical Treatment</u>	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input type="checkbox"/> Other (specify): <u>MR</u>	

☐ Disciplinary Report: _____ Date of Report: _____ Facility where issued: _____

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:
Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board
Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor
Chief Administrative Officer, only if **EMERGENCY** grievance.
Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):
I pulled a grafting in my right leg 5-months ago and it hit a nerve in my back plus hip, now I'm in extreme pain, I can't walk good nor sleep. And don't no medication work. Dr. Mrs. Hensley Davis - And Dr. Whitely told me they can't do nothing. And I need to see the Medical Director Dr. Abasi. I wrote Dr. Abasi 4-request letters, plus Dr. Davis and Dr. Whitely put me in to see him yet he
 Relief Requested: I want Dr. Abasi to give me some medical treatment on my "grafting" - "leg" and "back" A.S.A.P And I want Dr. Abasi to treat me for the pain
☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.
Michael Coleman B-08725 2-25-2014
 Offender's Signature ID# Date
 (Continue on reverse side if necessary)

Counselor's Response (If applicable)		
Date Received: <u>2-26-14</u>	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility - Send to Administrative Review Board, P.O. Box 10277 Springfield, IL 62794-0277
Response: <u>A copy of this Grievance has been forwarded to the HCU for review and response and the original grievance has been forwarded to the Grievance Office. There is no need to send your copy to the Grievance Office or the HealthCare Unit. You will receive a final response from the Grievance Office when the HCU responds to same.</u> <u>Z. Jefferson</u> <u>2-26-14</u> Print Counselor's Name Counselor's Signature Date of Response		

EMERGENCY REVIEW	
Date Received: _____	Is this determined to be of an emergency nature?
	<input type="checkbox"/> Yes, expedite emergency grievance <input type="checkbox"/> No, an emergency is not substantiated. Offender should submit this grievance in the normal manner.
_____ Chief Administrative Officer's Signature	

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

And Dr. Obasi have not giving me the results from the X-Ray I ~~have~~ received on my Right leg growing.

Warden Michael McGowan can you please step in and order that I receive medical treatment on my Back / Right leg / and growing - A.S.A.P. ~

"P.S. → My Right leg & Back situation is getting worse. My grow wont heal.

D. 330

Counselor's Response (if applicable)

Date Received: 3 / 14 / 14

☐ Send directly to Grievance Officer ☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277 Springfield, IL 62759-19277

Response: A copy of this grievance has been forwarded to the HCU for review and response and the original grievance has been forwarded to the grievance office. There is no need to send your copy to the Grievance Office or Health Care Unit. You will receive a final response from the Grievance Office when the Health Care Unit responds to same.

Z. Jefferson
Print Counselor's Name

[Signature]
Counselor's Signature

3, 15, 14
Date of Response

RECEIVED
OCT 28 2014
OFFICE OF STATE ISSUES

EMERGENCY REVIEW

Date: 3, 10, 14
Received: 3, 10, 14

Is this determined to be of an emergency nature?
☐ Yes, expedite emergency grievance
☒ No; an emergency is not substantiated.
Offender should follow the grievance in the normal manner.

Michael Nagara
Chief Administrative Officer's Signature

3, 10, 14
Date

Staterville C.C. Health Care Unit do not have a physical Therapist Doctor at all, Staterville C.C. Health care Unit do not run physical Therapy period. And thats a violation to patients like me And to every patient thats in Staterville C.C. thats done had Surgery and waiting on the physical Therapy thats been mandated for them. thats why im in the condition im in ~~now~~ Because of no physical Therapy.

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

D330

Date: 3-8-2014	Offender: (Please Print) Michael Coleman	ID#: B-08725
Present Facility: Stateville C.C.	Facility where grievance issue occurred: Stateville C.C.	

NATURE OF GRIEVANCE:

☐ Personal Property ☐ Mail Handling ☒ Restoration of Good Time ☐ ADA Disability ☐ HIPAA
☐ Staff Conduct ☐ Dietary ☒ Medical Treatment ☐ Other (specify) _____
☐ Transfer Denial by Facility ☐ Transfer Denial by Transfer Coordinator
☐ Disciplinary Report: _____ Date of Report: _____

Note: Protective Custody Denials may be grieved immediately via the local administrative review process. **836** **MAR 11 2014** **STA# M115** **MAR 26 2014**

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
 Chief Administrative Officer, only if EMERGENCY grievance.
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

On 10-21-2013 I was taken to "St. Joe's hospital" where I receive a M.R.I. on my right knee. Medical Director Dr. Salah Obaizi told me that him and Weyford health care provider approve me to go back out to U.I.C medical Center to see the knee specialist who recommended the M.R.I. so they can get the recommendation from the results of the new M.R.I. I receive on relief requested: I want my "Back fix" - And I want my "Right knee fix" - And I want my pull growing in my right leg fix - And I want to go back to Michael Coleman B-08725 3 8 2014

Offender's Signature: _____ ID#: _____ Date: _____

(Continue on reverse side if necessary)

Counselor's Response (if applicable)	
Date Received: 3.19.14	<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19077, Springfield, IL 62794-9277
Response: A copy of this grievance has been forwarded to the HCU for review and response and the original grievance has been forwarded to the Grievance Office. There is no need to send you copy to the grievance office or the Health Care Unit. You will receive a final response from the grievance office when the Health Care Unit responds to same.	
Print Counselor's Name: Z. Jefferson	Counselor's Signature: _____

EMERGENCY REVIEW	
Date Received: 3.12.14	Is this determined to be of an emergency nature? <input checked="" type="checkbox"/> Yes, expedite emergency jurisdiction. <input type="checkbox"/> No, an emergency is not substantiated. Offender should submit this grievance in the normal manner.
Chief Administrative Officer's Signature: Michael Ragara	Date: 3.12.14

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

on my Right Knee on 10-21-2013. Yet I never
received a M.R.I. on my Back, I also have
the medical record where I had a X-Ray on my
Back ~~and~~ and it's showing that my Back is
Degenerating → from my 5-23-2011 Incident.

today is 3-8-2014 5-months later and I still
have not been out to see my Knee specialist
for my M.R.I. recommendation.

And my May 23, 2011 incident / situation has
gotten worse from a lack of medical treatment

Now I have a "Sciatic" nerve that's "aching"
in my "Back" all the way down my "right leg"
to my "Ankle". And I have a "pull growing" in
my right leg that won't heal. And I have
"Arthritis" in my right knee / a "Split patella"
with a "Chronic sprain". And don't my medicine
work. And I'm in extreme pain: I can't
walk with out two crutches and I can't
sleep because I'm in pain.

I've been trying to seek medical treatment
on my "Back" - "Right leg" - and "Right knee"
from Dr. Saleh Obaide Hawker, thus far, to
no avail.

Again please help me
I'm in pain, I can't
walk nor sleep and
don't my pain medicine
~~work~~ work.

→ Continued Relief requested: out to see the Knee
specialist at U.I.C. medical Center A.S.A.P.
And I want "Physical Therapy"

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

D330

Date: 10-23-2014	Grievant: Michael Coleman	ID#: B-08725
Present Facility: Stateville CC	Facility where grievance issue occurred: Stateville CC	
NATURE OF GRIEVANCE: <input type="checkbox"/> Personal Property <input type="checkbox"/> Mail Handling <input checked="" type="checkbox"/> Restoration of Good Time <input type="checkbox"/> ADA Disability Accommodation <input type="checkbox"/> Staff Conduct <input type="checkbox"/> Dietary <input checked="" type="checkbox"/> Medical Treatment <input type="checkbox"/> HIPAA Grievance Office <input type="checkbox"/> Transfer Denial by Facility <input type="checkbox"/> Transfer Denial by Transfer Coordinator <input type="checkbox"/> Other (specify): <input type="checkbox"/> Disciplinary Report		
NOV 11 2014 3717 STATE GRIEVANCE OFFICE		
Note: Pre-hearing Custody Denials may be grieved immediately via the local administration on the pre-hearing custody denial information. Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shutdown Record, etc.) and send to: Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Hearing Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.		
Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved): I went to the health care unit E.R. to see Doctor O'Basis about my "Chronic Right Knee pain" and "groin injury pain", on October 22, 2014. I told Dr. O'Basis my groin injury went go away I'm in pain and I can not walk good. Dr. O'Basis told me to walk with out the crutches. Dr. O'Basis seen that I could not walk good yet he "took my crutches". Now I cant walk good I'm having problems getting around. Over Relief Requested: I want my groin injury groin injury fix I want to go back out to see the knee specialist for the recommendation from my MRI And I want my crutch- back.		
Michael Coleman <small>Offender's Signature</small>		B-08725 10.23.2014 <small>Date</small>

(Continue on reverse side if necessary)

Counselor's Response (if applicable)	
Date Received: 11-24-14	<input type="checkbox"/> Sent directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to: Administrative Hearing Board, P.O. Box 19677, Springfield, IL 62794-9677
Response: The original grievance + a copy have been forwarded to the Co. There is no need to send your copy to the Co. or the HC. You will receive a final response from the Co. when the HC responds to same. J. Hossler <small>First Counselor's Name</small>	
REC-11-25-14 DEC 26 2014 <small>Date of Receipt</small>	

EMERGENCY REVIEW	
Date Received: 11.12.14	Is this determined to be of an emergency nature? <input checked="" type="checkbox"/> Yes expedite processing grievance <input type="checkbox"/> No, an emergency is not determined. Offender should submit this grievance in the normal manner.
Tary Wilbur <small>Chief Administrative Officer's Signature</small>	

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

Warden Terry Williams Sir, I have "Chronic Right Knee pain" and a "chronic groin injury pain" and Dr. O'Basis know this, yet he still took my crutches, With out doing nothing about my injury's.

Warden Terry Williams Sir, I was sent out to see a knee specialist on 7/22/2013, the knee specialist at U.I.C medical Center told me that my right knee is not well, and I need a new M.R.I., I had a new M.R.I. on 10/21/2013. And the knee specialist requested that "Dr. O'Basis" and "Wellford H. S." send me back to U.I.C medical Center for the recommendation from the M.R.I. today is 10/23/2014 yet I have not been back out to U.I.C medical center to see the knee specialist, I been waiting to go out to "ortho" for over a year, my situation is getting worse, I have now develop a pull groin in my right leg that will not bill, I'm in chronic pain and dont no medicine work, I can not walk good.

On October 22, 2014, I went to the E.R. to see Dr. O'Basis, And I told him about my pain and Right groin injury plus knee pain, And I showed Dr. O'Basis that I can not walk good With out my crutches, yet Dr. O'Basis took my crutches and put me out of his office.

Kin. Warden Terry Williams Sir, Can you please step in and see that I be sent out to "ortho" And that my right knee and groin be fix A.S.A.P. And order Dr. O'Basis to give my crutch back.

"PS My crutches
medical permit
dont Expiration
untill 7-17-2015

"Thank you"
Respectfully Request
Michael Coleman
#B-08725
D/House cell 3-30

10/27/2014

To: Medical Director, Doctor O'Bair, A.S.A.P

From: Michael Coleman #B08725 D/3-30

Dear Dr. O'Bair I'm writing you concerning my right knee is in pain, my situation is getting worse, I have a pull groin in my right leg that won't heal, I'm in pain and it won't heal my groin been like this for over 13 months, And don't no medication work, I can not walk good, Dr. O'Bair Why did you take my crutches, I told you over and over in your "office E.R." that I'm in pain, I can not walk good. you still took my crutches and told me to get out your office, on 10/22/2014.

I also went out to see a knee specialist on 7/22/2013. At U.I.C medical center, The physician at U.I.C medical center told me that my right knee is not well and he gave me two shots in my right knee and recommended a new M.R.I on my right knee, ~~and~~ And the physician at U.I.C Ask you Dr. O'Bair to send me back out to U.I.C medical center after the new M.R.I. I received a new M.R.I on -

10/21/13²⁰¹³ you Review M.R.I results on 11/12/2013
 and you know I have chronic knee pain.
 today is 10/25/2014 yet ~~before~~ you have
 not sent me back out to U.I. C
 medical center to see the knee special-
 ist, for the recommendation on my right
 knee / M.R.I.

Dr. O'Brise my "Right Knee" and "groin"
 is in pain I can not walk good and
 again dont no medication work.
 Why did you take my crutch??

"PS I need a M.R.I on my groin area,

"Thank you"

Respectfully Requested

Michael Coleman

B-08725

D/3-30.

PS. Respond
 soon.

you told me
 to walk with out
 the crutches I tried
 and you seen that
 I could not walk good. yet you took my crutches

10/29/2014

To: (Medical Director) Dr. O'Baui, ASAP

From: Michael Coleman #B-08725 D/House cell 3-30

Dear Dr. O'Baui, My "Right Knee" and my "Right groin" is in pain, And don't no medication work, on October 22, 2014. I beg you "5" time to please don't take my crutches but you took them my ways, (Now I can't walk good.) I had a M.R.I done on my Right Knee on 10/21/2013. And the Knee Specialist requested that I be sent back out to U.I.C medical Center after the new M.R.I I had. So he can give you the recommendation, that was over a year ago, today is ~~of them~~ you told me I was approved to go to U.I.C medical Center on 5/5/14 and 5/12/14 to be seen by ortho. yet I have not been out to have no follow up, Dr. O'Baui you know I have "Chronic knee pain" and "Chronic groin pain" and I can't walk good why did you take my crutches, I need a M.R.I on my groin, don't no medication work.

Michael Coleman
#B-08725
D/3-30

His "5" goes to this
Grievance

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

D330 #1

Date: 11-11-2014 Grievant: Michael Coleman ID#: B08725
Present Facility: Stateville CC. Facility where grievance issue occurred: Stateville C.C.

NATURE OF GRIEVANCE

- ☒ Personal Property ☐ Mail Handling ☐ Restoration of Good Time ☐ ADA Disability Accommodation
☒ Staff Conduct ☐ Dietary ☐ Medical Treatment ☐ HIPAA
☐ Transfer Denial by Facility ☐ Transfer Denial by Transfer Coordinator ☒ Other: Chief - Administrative Officer's

Note: Protective Custody Grievances may be grieved immediately via the local administration on the protective custody status to include:

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Report, etc.) and send to:

Counselor: unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board
Grievance Officer: only if the issue involves discipline at the present facility or issue not resolved by Counselor
Chief Administrative Officer: only a EMERGENCY grievance
Administrative Review Board: only if the issue involves transfer denial by the Transfer Coordinator, protective custody, or directly administered psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the local Administrative Officer

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name of identifying information for each person involved):

I'm writing this grievance on + Warden "Terry Williams" - Chief Administrative Officer, And + Troy Johnson, Chief Engineer of Stateville C.C. Johnson is currently legally responsible for the overall institutional and housing units maintenance and sanitation, And Warden + Assistant Warden "Calloway", And Major "Lake", D-House major, And D-House 3:pm to 11pm L.T. "Samuels" And D-House 3:pm to 11pm "Sergeant" that worked on November 10th 2014. They are all responsible for my relief requested: I went a X-Ray on my Back And a M.R.I on my Back A.S.A.P. And I want my Back fix, plus I want the rail on the back of one gallery steps fix A.S.A.P. (continued on

Michael Coleman B08725 11 11 2014

(Continue on reverse side if necessary)

DEC 18 2014

Counselor's Response (if applicable)

Date Received: 11 12 14
Response: Per Lt. Samuelson inmate did fall on the back stairs going to the showers. Inmate was taken to the HCU and checked for injuries. Inmate was sent back to cell house. Work orders have been submitted on back steps.
S. Russell

EMERGENCY REVIEW

Date: JAN 23 2015
Reviewed: RECEIVED
Is this determined to be of an emergency nature? ☐ Yes, expedite emergency grievance ☐ No, an emergency, and a grievance Officer, Administrative Review Board, or the normal review process.
ADMINISTRATIVE REVIEW BOARD

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

November 10th 2014. incident / fall down the steps over the rail from 3-gallery to 1-gallery on my "Back". Now I have a "Back" injury, my Back is in "pain" and it won't stop popping and clicking. And don't no medical work yet I can not sleep because of "Back pain" And I can not walk good because of "Back pain".

The "Chief Administrative Officer's + Warden's" And "Staff's" that I'm naming in this grievance are all responsible for my "fall and Back" injury.

(I Michael Coleman have a medical Condition.) my "Right Knee" is not stable plus my "Right groin" injury won't heal, And I can't walk good because of pain, plus Dr. O'Brien + Medical Director took my 2- crutches on 10/22/2014. Even tho my medical permit is "Valid" and "don't expire" until 7/17/2015. And I have a medical hold because I am approved on 5/5/2014. And 5/12/2014. to see a knee Specialist

Warden Terry Williams, Knows plus have knowledge of my whole situation, because I wrote a emergency grievance and inform him, ~~about~~ the grievance is dated 10-23-2014. Grievance office STA# 3717. 11/11/2014 Warden Terry Williams, sent the grievance back to me on 11/12/2014 and told me my situation is; Not a emergency,

on November 10th 2014 at about 4:00 p.m. after ~~officer~~ Officer "D-Young" started running shower at my cell 3-30 in D-House, I came out my cell and started "limp" walking toward the back of 3-gallery to go off of 3-to 1-gallery to take a shower, I walk off the back of 3-gallery on to one gallery steps fire escape holding on to the "Rail Banister" I took 5-steps and fell over Board to my left off the fire escape steps ~~to~~ down to one gallery ground on my "Back". Before I fell I was reaching for the "Banister" "Rail" for support "But it was gone as if it was broke off and never replace, and Officer "D-Young" was right there with me, He witness the whole incident, I couldn't move my "Back" nor my "Knee" because I was in too much

JAN 23 2015

ADMINISTRATIVE

#3.

pain, officer ^{4.1}D-Young" called for a "C.M.T." "Medic" to come and get me, off the ground with a "flat Bed" And took me to the health care unit E.R.

#1 "Terry Williams" is the current Warden at Statesville C.C. Warden Williams is currently legally responsible for the over all - institutional and housing units maintenance and sanitation, & Warden Williams walk up and down one gallery back steps, over & over making rounds. And he knew or should have knew that over half of the "rail" / "Banister" to the back of one gallery steps is gone, And has not been replaced.

("Warden" ^{#2}Callaway" And Warden ^{#3}Lambert") the same as Warden ^{#1}T. Williams they all make rounds up and down the back of D-House one gallery steps And knew or should have knew that over half of the "rail" / "Banister" to the back of one gallery steps is gone, And has not been replaced.

JAN 23 2015

ADMINISTRATIVE
REVIEW BOARD

#4 "Troy Johnson" Chief Engineer of Statesville C.C. Johnson is currently legally respon-

#4

site for the overall institutional and housing unit's "Maintenance" and sanitation.

Troy Johnson has been up and down the Back of one gally step before and knew or should have known that over half of the "Rail" / "Banister" to the Back of one gally step is gone, And he should have received a "Work order" years ago.

#5 D-House Major "Major" Lake, has been up and down the Back of one gally step ~~to~~ over & over making rounds And knew or should have known that over half of the "Rail" / "Banister" to the Back of one gally step is gone, And has not been replaced. And he should have put in a work order.

#6 D-House 3: p.m. to 11: p.m. L.T. "Samuels" make rounds up and down the Back of D-House one gally step And knew or should have known that over half of the "Rail" / "Banister" to the Back of one gally step is gone, And has not been replaced. And he should have put in a work order.

#7 D-House 3: p.m. to 11: p.m. "Sergeant" that worked on November 10th 2014. ~~He~~ made rounds up and down the Back of D-

RECEIVED
JAN 2 3 2015
ADMINISTRATIVE
VIEW BOARD

Relief Continued And I don't want no retaliation
 taken against me for telling the truth, somebody please help me
 my back is in pain. # 5.

House one gallery steps And knew or should
 have known that over half of the "Rail"
 "Banister" to the back of one gallery steps
 is gone, And has not been replace,
 And he should have put in a work order.

They all ^{knew} or should have known about
 the "Biggest hazard" in Stateville prison
 They all fell to secure my ~~safety~~ safety
 in they prison, causing me "harm" and a
 "Back injury" - my back is in pain and State-
 ville C.C. Medical director refuse to treat
 me with a X-Ray & M.R.I and solution to
 my back problem, And Warden T. Williams refuse
 to step in and make sure I receive medical care.

The "Chief Administrative officers" → Warden, And
 "Staffs" that I put in this grievance all
 knew that "over half" of The Rail/Banister
 "safeguard" on the back of one gallery -
 steps is gone, because they all made round-
 ds. back there yet they took a blind eye
 to that hazard, and did not put in no work
 order to have it fix, leaving all the
 inmates in D-House at Risk, The accident
 and injury that happen to me on 11/10/2014.
 could have been prevented, And they still
 running showers up and down the back of
 one gallery steps with no Rail → Safeguard.

RECEIVED
 JAN 23 2015
 STRATTON
 BOARD

Copies

11/16/2014

Dear Mr. Louis Shicker Sir,
 I'm Writing you concerning the inadequate medical treatment here in Stateville C.C. plus the problems I'm having out of the medical Director Dr. O'Boise,
 On November 10th 2014, at about 4:00 P.M. after court officer D-Young started running showers at my cell 3-30 in D-House, I came out my cell and started "limp Walking" toward the back of 3-gallery to go off of 3-to-one gallery to take a shower, and the reason I was limp-Walking is because I have a full grain in my right leg that went hill, plus my right knee is in pain, And Dr. O'Boise took my two crutches on October 22, 2014. even after I told him over & over my "grain plus knee" is in pain, And I can't walk good, I showed Dr. O'Boise my "Valent" crutch medical permit that don't expire until 7/15/2015. He Dr. O'Boise still took my crutches knowing I couldn't walk good. So on 11/10/2014, I was walking off the back of 3-gallery fire escape steps holding on to the ~~one~~ "rail" in pain, I took 5-steps and fell over board to my left off the fire escape steps down to one gallery ground on my "back". Before I fell I was

reaching for the Banister to hold for support ("But it
 was gone") as if it was broke off and never
 replace. And officer "D-Young" was right there
 with me, He witness the whole incident. I
 couldn't move my Back nor my Nick because
 I was in to much pain, officer D-Young call
 for a C.M.T. Medtec to come get me, after about
 "35" minutes two Medtec's / C.M.T came and got
 me up off the ground with a "flat Bed" And took
 me to the health care unit E.R. Where Dr.
 O'Baize order one of the male Nurses to give
 me a Toradol "Shot in my Butt plus the Nurse
 "female gave me two "Tynol 3" pain pills,
 And Dr. O'Baize order the Nurse to put me in
 the back of the hospital where I stayed all-
 night untill the next day → 11/11/2014 untill
 about one 10'clock. When I was release and
 sent limping back to my cell house "Nick &
 "Back plus "groin" still in pain, Today is 11/16/14
 and Dr. O'Baize still have not done no ~~for~~
 follow up nor no M.R.I / X-Ray on my
 "Back & Nick", I'm in so much pain I cant
 walk- Sleep - nor move good, And dont
 no pain medication work, plus something
 in my lower back is "popping" and "clicking"
 everytime I move, yet Dr. O'Baize has
 not did nothing for my "Back-Nick nor groin"

injury. And he refuse to answer any of my
request letter for help, of Mr. Shicker sir
can you please step in and help me by
making sure I receive a "M.R.I" on my
"Back" plus a "X-Ray" and the medical
care it takes for my Back to get Well.
I'm in pain,

"Thank you"

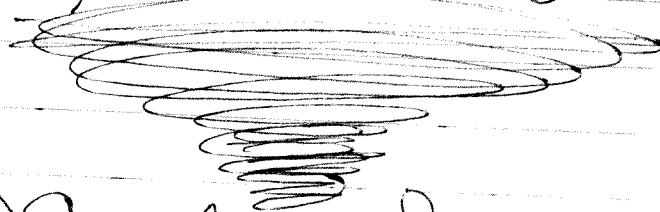
Mrs. Louis Shicker Sir

Respectfully Requested

Michael Coleman

#B-08725

D/ House call 3-30



Michael Coleman
B-08725

O. Box 112
Joliet, Ill.
- 60434 -

P.S. please Respond.
A.S.A.P

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

Date: 11-16-2014 Grievant: Michael Coleman ID#: B-08725
Present Facility: Stateville C.C. Facility where grievance issue occurred: Stateville C.C.

NATURE OF GRIEVANCE:

☐ Personal Property ☐ Mail Handling ☐ Restoration of Good Time ☐ ADA Disability Accommodation
☐ Staff Conduct ☐ Dietary ☒ Medical Treatment ☐ NOV 18 2014
☐ Transfer Denial by Facility ☐ Transfer Denial by Transfer Coordinator ☐ Other: M734
☐ Disciplinary Report: _____ Date of Report: _____ STA#: M734
Facility where issued: _____

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:
Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board
Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor
Chief Administrative Officer, only if EMERGENCY grievance.
Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary
administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief
Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

On November 10th 2014 at about 4:00 P.M. after Count officer D-Young started running Showers at my cell 3-39 in D-House, I came out my cell and started "limp" walking toward the back of 3-gallery to go off of 3-to one gallery to take a shower, and the reason I was limp walking is because I have a pull groin in my right leg that won't heal, plus my right knee is in pain, and Dr. O'Boise took my two crutches on October 22, 2014.

Relief Requested: I want an X-Ray & M.R.I. on my back & neck plus I want my back fixed & I want the Bonister & Rial on the back of one of the gallery fire-escape steps for A.S.A.P.

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Michael Coleman B-08725 11.16.2014
Grievant's Signature ID# Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)

Date Received: 11.17.14 ☐ Send directly to Grievance Officer ☐ Outside jurisdiction of this facility, send to Administrative Review Board, P.O. Box 19677, Springfield, IL 62770-9277

Response: The original grievance & a copy have been forwarded to the Co. There is no need to send your copy to the Co. or the HCU. You will receive a final response from the Co. when the HCU responds to them.

J. Hirsch _____ 11.17.14
Counselor's Signature Date of Response

EMERGENCY REVIEW

Date Received: _____ Is this determined to be of an emergency? **RE** ☐ Yes, expedite emergency processing ☐ No, in emergency is not indicated. If indicated, should not be processed in the normal manner.

DEC 26 2014

Chief Administrative Officer's Signature Office _____ Date _____

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

afterwards I told him over & over my "groin plus knee" is in pain. And I can't walk good. I should Dr. O'Boise my "valent" crutch medical permit that don't expire until 7/17/2015. He Dr. O'Boise still took my crutches knowing I couldn't walk good. So on 11/10/2014 I was walking off the back of 3-gallery fire-escape steps holding on to the "rail" in pain. I took 5-steps and fell over Board to my left off the fire-escape steps down to one gallery ground on my "Back". Before I fell I was reaching for the "Banister" "rail" for support (but it was gone) as if it was broke off and never replace. And officer "D-Young" was right there with me. He witness the whole incident. I couldn't move my "Back nor my Neck" because I was in too much pain. Officer D-Young called for a (C.N.T. Medette) to come get me. After about "35" minutes two Medette / C.N.T. came and got me up off the ground with a "flat-Bed" and took me to the health care unit & R. where Dr. O'Boise order one of the male Nurses to give me a "Tosadol" shot in my butt plus the Nurse "female" gave me two Tylenol 3 "pain pills. And Dr. O'Boise order the Nurse to put me in the back of the hospital where I stayed all night until the next day 11/11/14 until about one 1- o'clock when I was released sent limping back to my cell house "Neck & Back" plus groin still in pain. Today is 11/16/2014 and Dr. O'Boise still have not done no follow up nor M.R.I. nor X-ray on my "Back & Neck". I'm in so much pain I can't walk- sleep- nor move good. And don't no pain medication work, plus something in my lower back is popping and clicking- everytime I move. yet Dr. O'Boise has not did nothing for my "Back" "Neck" nor "groin" injury. And he refuse to answer any of my request letters for help. Officer D-Young and 4-inmates witness the whole incident on 11/10/2014. Warden Tarry Williams Sir please help me I'm in pain I can't sleep nor walk good. My "Back" and "Neck" is in pain, please step in and order that I get the medical treatment that it takes for my "Back" "Neck" & "groin" to get well and hill.

P. 3

3.

on 11-12-2014. I was call to sick call by Nures "Katie" and she told me she cant help me because there is nothing she can do about my "Back & Neck" pain. She told me I need to see Dr. O'Boise A.S.A.P And she told me Under my circumstances Dr - O'Boise should have been done a follow up on my "Back & Neck". She went on to say she dont know what his problem is, yet Dr O'Boise has not called me nor answer none of my Request for help.

Michael Coleman
#B-08725
D/3-30

PS. Somebody
please help me
my "Back & Neck"
is in pain,

RECEIVED

DEC 26 2014

Office Of Inmate Issues

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

D330

Date: <u>11-26-2014</u>	Offender (Please Print): <u>Michael Coleman</u>	ID#: <u>B-08725</u>
Present Facility:		Facility where grievance issue occurred: <u>GRIEVANCE OFFICE</u>

NATURE OF GRIEVANCE:

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> ADA Disability Accommodation
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input type="checkbox"/> Other (specify): <u>STAFF</u>	
<input type="checkbox"/> Disciplinary Report: _____ Date of Report: _____ Facility where issued: _____			

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.

Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.

Chief Administrative Officer, only if **EMERGENCY** grievance.

Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

On 11-10-2014, I fell down a flight of steps and over the gallery on my back. Two Medics/C.M.T. and got me up off the ground with a "flat Bed" and took me to the health care unit E.R. where Dr. O'Boise order one of the male Nurses to give me a Toradol shot in my But for pain. And 2 Tylenol pills for pain. And Dr. O'Boise order the Nurse to put me in the back of the hospital where I stayed all night until the next day 11-11.

Relief Requested: I want a M.R.I. & X-Ray on my back. A.S.A.P. I want a follow up on my back by Dr. O'Boise, A.S.A.P.

☐ Check only if this is an **EMERGENCY** grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Michael Coleman B-08725 11-26-14
Offender's Signature ID# Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)

Date Received: <u>11-26-14</u>	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 10077, Springfield, IL 62794-0077
--------------------------------	---	---

Response: The original grievance + a copy have been forwarded to the C/O. There is no need to send your copy to my C/O or the HCU. You will receive a final response from the C/O when the HCU responds to you.

J. Howell _____
Counselor's Name Counselor's Signature

12-4-14
Date of Response

EMERGENCY REVIEW

Date Received: _____	Is this determined to be of an emergency nature?	<input type="checkbox"/> Yes, expedite emergency grievance. <input type="checkbox"/> No, an emergency is not substantiated. Offender should submit this grievance in the normal manner.
Chief Administrative Officer's Signature _____		Date: _____

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

until about one 1-o'clock where I was release and sent limping back to my cell, "Nick & Back plus groin in pain,

Today is 11-26-2014. Over two weeks ago latter and Dr. O'Boise still have not done no follow up on my "Back" nor M. R. I nor no X-Ray on my Back. I have wrote Dr. O'Boise more then 4-letters requesting help on my Back pain. But Dr. O'Boise refuse to answe yet I have not seen Dr. O'Boise. Nor receive no medical treatment on my Back. And I'm going through long "pain and suffering",

On 11/22/14 I receive a pass for sick call to see the R.N. But the Nures refuse to treat me with medical care on my Back because I have not had no follow up on my Back injury since my fall on 11-10-2014. And the Nures tell me Dr. O'Boise should have been done a follow up on my Back. And she don't know what's hold up.

And I receive a pass on 11-24-2014 to go see Dr. O'Boise But he → "conced" yet I'm still in the cell "Back" & groin plus Nick in pain. And I can't sleep because of pain. Some in my Back is Brake. please help.

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

D330

Date: <u>12-29-2014</u>	Offender: <u>Michael Coleman</u> <small>(Please Print)</small>	ID#: <u>B-0872.5</u>
Present Facility: <u>Stateville C.C.</u>		Facility where grievance issue occurred: <u>Stateville C.C.</u>

NATURE OF GRIEVANCE:

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> ADA Disability Accommodation
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> <u>Medical Treatment</u>	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator		<input type="checkbox"/> Other (specify) _____

☐ Disciplinary Report: _____
Date of Report: _____ Facility where issued: _____

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:
Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board
Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor
Chief Administrative Officer, only if EMERGENCY grievance.
Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

On 12/28/2014, I sign the Sick Call request list on "On the Wall" in D-House requesting medical assistance on my injured Back.

On 12/29/2014, Doctor "O'Boise" - Nurse "Windy" - And Nurse "Kaydie" came to D-House and called out a number of inmates for Sick Call medical assistance. Officer Facian came to my cell and took me off 3-gallery down to one gallery.

Relief Requested: I want Dr. O'Boise to give me a X-Ray & M.R.I. on my Back plus fix my Back and give me some pain medication. And answer my request for help.

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Michael Coleman B-0872.5 12.29.2014
Offender's Signature ID# GRIEVANCE OFFICE

(Continue on reverse side if necessary)

Counselor's Response (If applicable)		
Date Received: <u>1.2.15</u>	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of the facility. Sent to Administrative Review Board, 1927 E. Springfield, IL 62764-0277
Response: <u>The original grievance + a copy have been forwarded to the C.O. There is no need to send your copy to the C.O. or the HCU. You will receive a final response from the C.O. when the HCU responds to the same.</u>		
<u>J. Hasselt</u> Print Counselor's Name	<u>[Signature]</u> Counselor's Signature	<u>1.6.15</u> Date of Response

EMERGENCY REVIEW	
Date Received: _____	Is this determined to be of an emergency nature?
	<input type="checkbox"/> Yes, expedite emergency grievance <input type="checkbox"/> No, an emergency is not substantiated. Offender should submit this grievance in the normal manner.
Chief Administrative Officer's Signature: _____	Date: _____

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FEB 20 2015

ADMINISTRATIVE
REVIEW BOARD

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

to Sick call, when I got down to 1-galley and tried to walk in the sick call room where (Dr O'Boise and Nurse Kaydie) was at. Nurse Windy refuse to let me come in. I told her my "Back" is injured and I'm in pain, yet still ("Nurse Windy" and "Dr O'Boise") refuse to give me medical treatment, and pack up all the medical equipment and left out of the sick door through E-House.

And then "Nurse Kaydie" call me in the D/House medical room and ask me, "What's the problem," I told "Nurse Kaydie" I fell down one galley back steps over the rail on my "Back" on 11-10-2014 and injured my "Back" plus "Neck" and I'm in pain, I need help. plus I told "Nurse Kaydie" that I wrote Dr O'Boise over "9" letters requesting help on my "Back" and he refuse to answer any of my request for help. I haven't had no follow up nor seen Dr O'Boise since I fell down the steps on 11-10-2014.

"Nurse Kaydie" inform me that she is "just" a Nurse and there is nothing she can do for my "Back" - "Neck" & "Groin". And she told me I got to wait to see Dr O'Boise, and then Nurse Kaydie told me to sign a money voucher for \$5 just for coming in the sick call room to see her. I inform "Nurse Kaydie" that my Back injury was declared a emergency. And I stayed in the health care-unit for today yet I have not seen Dr O'Boise for no follow up nor for my Back injury, pain yet "Nurse Kaydie" told me to sign a money voucher for \$5 for just talking to her and she told me no she is not go help me, And again she ask me for \$5 or sign a voucher and get out her office. I told Nurse Kaydie I am not refusing medical assistance I want help. "Nurse Kaydie" put me out of the sick call room. And refuse to give me medical treatment today is 12-29-2014 and I'm still in pain with a Back injury, I have not seen Dr O'Boise since I fell down the steps on 11-10-2014. And Dr O'Boise refuse to answer any of my request for help. → Relief And I want medical assistance from "Nurse Kaydie" and "Nurse Windy".

APU"

1-10-2015

Dear Dr O'Baizi.

I'm writing you concerning my Back injury. I'm in pain I can't sleep nor walk good, I need help.

Dr O'Baizi Sir I fell down a flight and over a rail and injured/Hurt my "Back", on 11/10/2014. And I don't have no pain medication, you have knowledge of my situation plus injury because you seen me the first day I fell.

And I have wrote you over 10 → letters requesting help for my back injury yet you have not respond to my cry for help, you have not done no follow up since I fell, something in my back is "popin" & "Clicking" again I don't have no pain medication, you have not given me no → X-Ray nor M.R.I on my back since I fell on 11-10-2014 you have not done anything sir for my back injury, Why do you refuse to help me? Why do you refuse to answer "me" and my "family" when we try to contact you??? Is yet to be answer, Again Sir I'm in pain my "Back" hurting-popin and clicking, I need help, please Respond:-

soon, my back is in pain from my fall down the steps → "injury," it's been over 2-months since I injured my "Back." And I have not received no medical treatment.

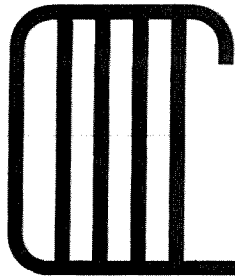
"Respectfully Requested"

Michael Coleman

B-28725

D/ House cell 3-30

please help I'm in pain



Illinois
Department of
Corrections

BRUCE RAUNER
Governor
Donald Stolworthy
Director

1301 Concordia Court / P.O. Box 19277 / Springfield IL 62794-9277 / Telephone: (217) 558-2200 / TDD: (800) 526-0844

Offender Name: Coleman, Michael

Date: 5/22/15

Register # B08725

Facility: Stateville CC

This is in response to your grievance received on 2/23/15 4/1/15. This office has determined the issue will be addressed without a formal hearing. A review of the Grievance, Grievance Officer/CAO response to the grievance has been conducted. For a grievance that is direct review by the ARB, a review of the Grievance has been conducted.

Your issue regarding: Grievance dated: 11/24/14 1/15/15 Grievance Number: M818 4115 Griev Loc: Stateville

- ☐ Transfer denied by the Facility or Transfer Coordinator
- ☐ Dietary _____
- ☐ Personal Property _____
- ☐ Mailroom/Publications _____
- ☐ Assignment (job, cell) _____

- ☐ Commissary _____
- ☐ Trust Fund _____
- ☐ Conditions (cell conditions, cleaning supplies)
- ☐ Disciplinary Report dated _____ Incident # _____

☒ Other Medical Requests treatment and an MRI

Based on a review of all available information, this office has determined your grievance to be:

- ☐ Affirmed, Warden _____ is advised to provide a written response of corrective action to this office by _____.
- ☐ Denied, in accordance with DR504F, this is an administrative decision.
- ☐ Denied, this office finds the issue was appropriately addressed by the facility Administration.
- ☐ Denied in accordance with AD05.03.103A (Monetary Compensation for Inmate Assignments)
- ☐ Denied, as the transfer denial by the facility/TCO on _____ was reviewed in accordance with transfer procedures and is an administrative decision.
- ☐ In addition, property items are to be disposed of in accordance with DR501C.
- ☐ Denied as the facility is following the procedures outlined in DR525.
- ☐ Denied as Cell Assignment/Housing is consistent with the Department's determination of the appropriate Operational capacity of each facility.
- ☐ Denied as procedures were followed in accordance with DR 420 for removal/denial of an offender from/for an assignment.
- ☐ Denied as this office finds no violation of the offender's due process in accordance with DR504.80 and DR504.30. This office is reasonably satisfied the offender committed the offense cited in the report.
- ☐ Denied as the security staff are following the established schedule for dispensing cleaning supplies to the offender when possible.

☒ Other: offender had an MRI on 5/4/15 and diagnosed with muscular strain involving distal gluteal insertion

FOR THE BOARD: Leslie McCarty
Leslie McCarty
Administrative Review Board

CONCURRED: Donald Stolworthy
Donald Stolworthy
Director

CC: Warden, Stateville Correctional Center
Coleman, Michael Register No. B08725

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO COMMITTED PERSON'S GRIEVANCE

D330

Grievance Officer's Report

Date Received: 2/19/15

Date Reviewed: 3/6/15

Grievance # H115

Committed Person: Coleman

ID# B08725

Nature of Grievance: Medical Treatment

Facts Reviewed: THE GRIEVANT COMPLAINS OF BEING DENIED PROPER MEDICAL TREATMENT

Per I Sangster LPN after a REVIEW OF THE MEDICAL RECORD

AFTER REVIEWING THE OFFENDERS MEDICAL RECORDS: THE OFFENDER WAS PRESCRIBED PAIN MEDICATION AS WELL AS RECEIVE STEROID INJECTIONS. HE WAS SEEN BY ORTHO 1/5/2015 AND HAS BEEN APPROVED TO HAVE AN MRI.

All policies and procedures followed in accordance with A.D.s and I. D.s

This Grievance Officer has no medical expertise or authority to contradict the doctor's/DON's/RN's recommendation / diagnosis.

Recommendation: No action as grievant appears to be receiving appropriate medical care at this time.

JILL PARRISH CC2

Print Grievance Officer's Name

Grievance Officer's Signature

(Attach a copy of Committed Person's Grievance, including counselor's response if applicable)

Chief Administrative Officer's Response

Date Received: 3/16/15

☒ I concur☐ I do not concur☐ Remand

Comments:

RECEIVED

APR 01 2015

ADMINISTRATIVE
REVIEW BOARD

Chief Administrative Officer's Signature

Date

Committed Person's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)

Michael Coleman

Committed Person's Signature

B-08725

ID#

3-25-2015

Date

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

D350

→ *3 pages to this grievance.*

Date: 1-15-2015	Offender: (Please Print) Michael Coleman	IDs: B-08725
Present Facility: Stateville CC		Facility where grievance issue occurred: Stateville CC

NATURE OF GRIEVANCE:

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> ADA Disability Accommodation
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input type="checkbox"/> Other (specify): 394	
<input type="checkbox"/> Disciplinary Report: _____			

Date of Report: FEB 19 2015 Facility where issued: _____

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

I Dear Warden Terry Williams, I'm writing you concerning → Medical Director Dr. O'Boise. I fell down a flight of steps and after a fall, injuring my "Back" on November 10, 2014. I was held in the Health care unit, over night and release the next day 11-11-2014, with out a X-Ray on my "Back" with out a M.R.I on my "Back" and with out a check up on my "Back" and Body. I have not

Relief Requested: I want medical treatment from Dr. O'Boise on my "Back", I want a M.R.I & X-Ray on my "Back" plus I want my "Back" fix and some for the pain.

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Michael Coleman B-08725 1.15.2015

Offender's Signature IDs Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)	
Date Received: 2.17.15	<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 10277, Springfield, IL 62794-9277
Response: The original grievance + a copy have been forwarded to the Co. It is now up to the Co. You will receive a final response from the Co. when the HCU responds to same.	
J. Hossel	2.17.15
Print Counselor's Name	Counselor's Signature Date of Response

EMERGENCY REVIEW	
Date Received: 2.3.15	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance <input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
Terry Williams	2.4.15
Chief Administrative Officer's Signature	Date

Distribution: Master File; Offender

Page 1

Printed on Recycled Paper

DOC 0046 (8/2012)

RECEIVED

APR 01 2015

ADMINISTRATIVE
REVIEW BOARD

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

seen Dr. O'Brien since I fell down the steps and over a ~~on~~ rail on 11-18-2014. My "Back" is in extreme pain. Something in my "Back" is popping and clicking. I'm in so much pain I can not "Sleep nor Walk good". And I don't have no pain medication.

Warden Terry Williams, Sir I have wrote Dr. O'Brien 7 letters requesting medical help on my "Back" one letter on 11-13-2014 - one 11-17-2014 - one on 12-1-2014 - one on 12-9-2014 - one on 12-15-2014 - one on 12-24-2014 And one on 1-10-2015 plus, this is my 4th Grievance I have wrote on Dr. O'Brien about this situation requesting medical help/treatment on my "Back" ~~on my "Back"~~ "yet to no avail". All of my letters to Dr. O'Brien requesting help have been ignored. And every grievance I write on Dr. O'Brien the ~~State~~ Health care unit refuse to consider them. Today is 1-15-2015. It's been over two months since I fell down a flight of "steps and over a rail" injuring my "Back" yet Dr. O'Brien have not answer none of my letters nor grievances requesting medical help on my "Back". Nor have Dr. O'Brien done MA follow up on my "Back". No X-Ray on my "Back" and no M.R.I. on my "Back". My cry for help has fallen on death ears.

Again -> Warden Terry Williams -> Can you please step in and demand that I receive medical treatment on my "Back" A.S.A.P. It's been "over" two months since I fell and injured my "Back". I'm in pain some in my "Back" (popping and clicking) I can't walk good please help.

Warden Terry Williams Sir <It's my understanding that the Stateville Correctional Center Health care unit - offender Bill of Rights reads -> The Stateville C.C. Health care unit affirms, as department policy, the following rights/responsibilities of offenders requesting health care services. It is the purpose of this policy to assure "all offenders patients are treated in a manner that recognized their basic human rights. This policy is also directed as establishing an atmosphere of trust ~~between~~

#3.

between the offender and the health care provider. It is the responsibility of the Health care Unit Administrator to oversee the provisions of this policy.

#1. Access to all health care services determined to be medically appropriate. Services provided are without discrimination as to race, color, religion, sex, national origin, political belief, handicap, or custody status.

#2. Treatment with dignity and respect. Consideration given to cultural, psychosocial, spiritual, and personal values.

#3. Continuity of care within applicable laws and policies, which ~~govern~~ govern the Stateville C.C. health care unit, and within the resources available. Services beyond the capability of the Health care unit are provided through ~~appropriate~~ **RECEIVED** community resources.

APR 01 2015

ADMINISTRATIVE
REVIEW BOARD

#7. Effective communication and access to information regarding your diagnosis, treatment, and the expected outcome. When concern for your health makes it in-

#4.

advisable to give such information, the information will be made available to an individual designated, by you, or to a legally authorized individual.

#17. Responsibilities:

D. → Submit requests for care ~~as~~ as outlined in your orientation to the health care unit.

C. → Reporting of injury in a timely manner.

Warden: Terry Williams Sir I have demonstrated additional steps out of your offender orientation manual Department Rule 415, Health care. (Offender Bill of Rights) I have diligently tried to obtain the appropriate medical attention necessary per my constitutional right to "Humane Conditions". However, thus far, to no avail.

APR 01 2015

ADMINISTRATIVE
REVIEW BOARD

The Stateville C.C. Medical Director Dr. O'Bair has fell way below the department rule 415 Health care Offender Bill of Rights. And him plus Wellford Health Sources inc. need to be

#5.

investigated, And Under no circumstances
should the "Broken" / "Violating" The
Rule 415 Health care Bill of Rights
be ("Tolerated. NOT CONDONE")

Again please help me By stepping
in and making sure of needed medical
treatment on my "Back".

"Thank you"

Respectfully Requested

Michael Coleman

"PS. please Respond soon

RECEIVED

APR 01 2015

ADMINISTRATIVE
REVIEW BOARD

CPT

2/8/2015

Dear Dr. O'Baizi,
I'm Writing you concerning what you told me the last time I seen you on 1/22/2015 in the "Health Care Unit-U.C." I already had → received A-X-Ray on my Right Knee & Hip/Groin. And you told me you are going to speed my whole process up so I can get the medical treatment that was mandated/requested for me by the physician at U.I.C. medical center on 1/5/2015 So you can send me back out to U.I.C. medical center for the M.R.I. on my Right "Knee & Groin" A.S.A.P Dr. O'Baizi Sir today is 2/8/15. And I still have not went back out to U.I.C. medical center for the M.R.I. on my Groin/Hip And Right Knee I'm in pain my Groin & Knee Will not heal, What's the hold up? please send me back out to U.I.C. so I can get the treatment I need to get Well & heal, A.S.A.P

Dr. O'Baizi that shot you gave me on 1-22-15 in my Groin plus the medication did not work I'm still in pain, Sir Why do I have to keep writing all these "letters" plus "grievances" Requesting

2/11/2015

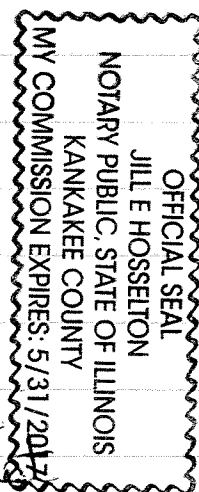
Dear Dr. Arthur Funk Sir,
 I'm writing you concerning my problem
 in Statesville C.C.
 On November 10th 2014. at about 4:24p
 after count officer J.D-Young was running
 showers on "3"-gallery and he started
 at my cell 3-30 in D House, I limp
 walk all the way down 3-gallery to
 the back of 3-gallery steps to go on
 one gallery when my right leg went
 out and I fell down a "flight of steps"
 and over the rail down on one gallery
 injuring my Back. Officer J.D-Young
 called for a C.M.T. & Medtec to come
 get me off the floor, two Medtec's
 came and got me off the one gallery
 floor 40-minutes later and took me
 to the health care unit where Dr.
 O'Baizi gave me one shot for pain
 and put me in the Back of the health
 care unit where I stayed over night
 I told Dr. O'Baizi over & over about
 11-times some in my Back is broke,
 yet I was ~~not~~ release from the health
 care unit the next day 11-11-2014. With
 out seeing Dr. O'Baizi and with out no
 M.R.I nor X-Ray nor check up on

Medical help? you know what's wrong
with me, why come (you and Welford) won't
just send me back out to U.I.C. med-
ical center like the physician mandated
and break my knee - groin and Back fix?

And again sir why do you refuse to do
nothing about my "Back" injury 11/19/2014

Dr. O'Boise sir → fix my "Knee-groin" and
"Back" injury, all never write you and
Welford again, I'm in pain Sir I need
help I can't sleep nor walk good.

"PS. Please
Respond
Sir, And
Send me
Backout
to get the
M.R.I



"Thank you"
Respectfully Requested
Michael Coleman
#B-08725
D/3-30

SUBSCRIBED AND SWORN TO BEFORE ME
THIS 12 DAY February, 2015

NOTARY PUBLIC

#B-08725
Michael Coleman
AFFIANT

my Back; and no pain medication,
 I was sent limp walking back to my
 cell house, I done wrote Dr. O'Boise's
 letters at less ~~and~~ requesting a follow
 up on my "Back injury" plus "4" grie-
 vances requesting help on my injured Back
 that happen on 11-10-2014. letting him
 know he has not done no follow up
 since I fell on 11-10-2014. And some
 in my Back is popin & clicking, yet
 Dr. O'Boise refuse to answer any of my
 ("letters & grievances") requesting help on
 my "Back" injury. Its been over two
 months and Dr. O'Boise has not done
 no follow up on my "Back injury," I'm
 in so much pain I cant walk good
 nor sleep, I seen Dr. O'Boise on 1-
 20-2015. he called me to the health care
 unit E.R. about my right ^{knee} leg & right -
 "groin," I told Dr. O'Boise over & over about
 my Back pain and injury that happen on
 11-10-2014 and I let him know some in
 my "Back" is popin plus clicking; Dr. -
 O'Boise still refuse to address anything
 about my Back and told me when ever
 I go out to U.I.C medical center tell
 them, Dr. Arthur Funk Sir can you

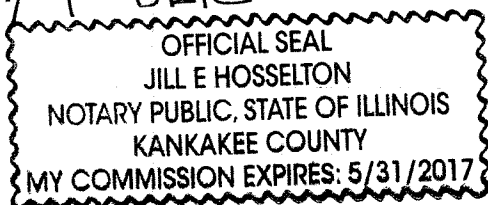
please step in and see that I receive
 medical treatment on my injured Back
 A.S.A.P. I'm in pain I can't sleep nor
 Walk good some in my Back popin &
 "Clicking" and I don't have no pain
 medication, Sir I need a M.R.I & X-Ray
 on my Back. I been laying in the
 cell in pain over Two months, again
 Dr. Arthur Funk Sir please help me.

" Thank You Sir
 Respectfully Requested

SUBSCRIBED AND SWORN TO BEFORE ME

THIS 17th DAY February, 2015

NOTARY PUBLIC



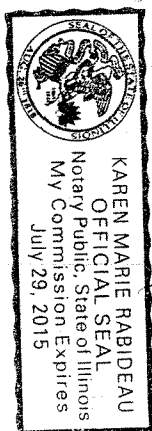
Michael Coleman
 #B-08725
 Joliet, IL-60434-
 (Stateville C.C.)

"PS. Please
 Respond
 soon.

Michael Coleman #B-08725
 AFFIANT

Dear Dr. O'Baize Sir

I'm Writing you concerning my Lower
Back. I fell down a flight of Steps
 and over a rail injuring my Back on
 11/10/2014. Every since then I've been
 in extreme pain. Something in my Lower
Back is popping & Clicking. And I don't have
 no pain medication for my Back pain.
 And the pain medication you give me
 for my groin injury in my right leg
 do not work on my Back. Dr. O'Baize
 everytime I see you I tell you about
 my 11/10/2014 incident and how ~~much~~ ^{much} pain I'm
 in, yet you refuse to treat me for my
"injured Back". I have wrote you over 7
"letters" and 4-grievances, yet again you
 refuse to treat me for my injured "Back"
 Dr. O'Baize my "Back" is in so much
 pain I cant sleep - nor walk good. Can
 you please give me an M.R.I on my
Lower Back A.S. A.P. from the time I
 injured my Back on 11/10/2014 to now 4/28/15
 you have not done nothing for my "injured Back"



SUBSCRIBED AND SWORN TO BEFORE ME
 This 23rd Day of April, 2015
Karen Marie Rabideau
 NOTARY PUBLIC

Michael Coleman
 AFFIANT

STATE OF ILLINOIS)

COUNTY OF)

WILL)

SS

AFFIDAVIT

I, Michael Coleman being first duly sworn under oath depose and state that the foregoing is true and correct and made upon my personal knowledge and I am competent to testify thereto.

on 11/10/2014. I Michael Coleman #B08725 fell down a flight of steps and off the gallery injuring my "lower Back". When I fell ~~the~~ down the steps there was no Rail/Banister Safeguard on the back of one gallery step to stop my fall causing me to fall off the gallery on my "Back" injuring my "Back". Over half of the Rail/Banister-Safeguard on the back of one gallery is gone removed as if it was took off and never replace. So I wrote a grievance dated 11/11/2014 Relief Requested: in part that the Rail Safeguard on the back of one gallery steps be replace" fil "A.S.H." And I sent that grievance to the grievance office. And I receive a response from the grievance officer's "Mrs Anna Mc Bee. CCTI" dated 1/12/2015 Stating → Grievant is advised if the stairs still need repair to report same to the Unit "Sergeant" or "Lieutenant" so appropriate paperwork can be generate And Mrs. Anna Mc Bee. CCTI Recommendation: No-action. And Chief Administrative officers Response

PAGE 2

Warden Tony Williams he :concur: With Mrs. Mc Bee Recommendation: No action. Mrs. Ann Mc Bee, refuse to do her "Job" by contact D/House "Sergeant & Lieutenant" and taking the right procedure insted she want me to do her "Job". Warden Tony Williams and Grievance Officer's Ann Mc Bee refuse to Recommend that the D/House One gallery Back steps (Rail-Banister-Safeguard) be replace & fix. They refuse to order D/House "Sergeant" & "Lieutenant" to put a Work order in to have the steps ~~on~~ Rail replace. It is the "Biggest hazard" in Stateville prison and over 300 inmates is at risk everyday because the cell house Sgt & L.T. is running showers every day up and down the back of one gallery with no "Rail/Safeguard". I fell over Board off one gallery injuring my "Back" on 11/10/2014. Today is 4/22/2015. And the Back of one gallery step Rail/Banister still has not been fix-replace. The injury to my "Lower Back" could have been prevented if they would do they Job.

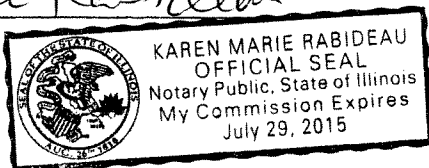
Michael Coleman #B-08725

AFFIANT

SUBSCRIBED AND SWORN TO BEFORE ME
THIS 23rd DAY April, 2015

Karen Marie Rabideau

NOTARY PUBLIC



Counselor's Response (if applicable)

Date Received: 4 29 15 ☐ Send directly to Grievance Officer ☐ Consideration of this faculty. Send to Administrative Review Board, P.O. Box 18677, Springfield, IL 62734-0677

Response: The original grievance has been given to the Grievance Office and a copy has been forwarded to the Health Care Unit for review and response. You will receive a response from the Grievance Office when the Health Care Unit responds to same.

David Mansfield CC2 David Mansfield CC2 4 29 15

Print Name of Counselor Print Name of Counselor

EMERGENCY REVIEW	
Date Received: _____	<div style="display: flex; justify-content: space-between;"> <div> <p>is this determined to be of an emergency nature?</p> <p><input type="checkbox"/> Yes, expedite emergency procedure</p> <p><input type="checkbox"/> No, an emergency is not substantiated</p> <p>Officer should submit this complaint in the normal manner</p> </div> <div style="text-align: right;"> <p>_____ Chief Administrator/Chief's Signature</p> </div> </div>

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

Knee specialist "ortho" and I was approve by the Doctor at U.I.C medical center for a M.R.I on my groin, today is 4-21-2015 and I still have not been sent back out to U.I.C medical center for my M.R.I.

~~PSH~~
Again my groin is in "Extreme pain", And I get no (shots nor medication work,) its been like this for over 18-months and has got worse, Dr. O'Brien know all about my injury and refuse to do anything about it, I'm in my cell suffering everyday,

I want to be sent out to U.I.C medical center A.S.A.P and I want a M.R.I on my right groin plus I want my groin fix. Somebody please help me A.S.A.P

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

D350

Date: 12-10-2015	Offender: Michael Coleman (Please Print)	ID#: B-08725
Present Facility: Stateville CC.		Facility where grievance issue occurred: Stateville C.C.

NATURE OF GRIEVANCE:

<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time	<input type="checkbox"/> ADA Disability Accommodation
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input checked="" type="checkbox"/> Medical Treatment	<input type="checkbox"/> HIPAA
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input type="checkbox"/> Other (specify):	
<input type="checkbox"/> Disciplinary Report: _____		Date of Report: _____ Facility where issued: JAN 18 2016	

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: SAH 53
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
 Chief Administrative Officer, only if EMERGENCY grievance.
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

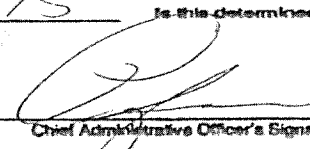
I am writing you this grievance on Dr. O'Boise, the medical director in Stateville C.C., on 11-10-2014. I fell down a flight of steps and over a rail/banister tearing a muscle in my ~~right~~ right hip and a ligament in my right knee, plus injuring my back. Dr. O'Boise has knowledge of my injuries and condition because he read the M.R.I. report I received on 5-4-2014. That U.I.C. medical center for to me back out to U.I.C. medical center and have my ~~right~~ right hip - right knee & back fix A.S.A.P.

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Michael Coleman B-08725 12.10.2015

(Continue on reverse side if necessary)

Counselor's Response (If applicable)		
Date Received: 1, 07, 16	<input type="checkbox"/> Send directly to Grievance Officer	<input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62704-9277
Response: The original grievance has been given to the Grievance Office and a copy has been forwarded to the Health Care Unit for review and response. You will receive a final response from the Grievance Office when the Health Care Unit responds to same.		
David Mansfield CCZ	David Mansfield CCZ	1, 11, 16
Print Counselor's Name	Counselor's Signature	Date of Response

EMERGENCY REVIEW	
Date Received: 12.30.15 RECEIVED FEB 10 2016	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance <input checked="" type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
 Chief Administrative Officer's Signature	12.31.15 Date

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

him. yet Dr. O'Boise And Wellford has not done nothing for my injured "Back" "Right Knee" and "Right Hip". I'm enduring long pain and suffering I can not walk and can sleep nor sit down because of my injuries/pain. And don't no medication work.

The U.I.C. medical center Doctors, told me they can fix my injuries, plus the plan they have to do it. If Dr. O'Boise send me back out to U.I.C. medical center to them. That's been over 8-months ago yet Dr. O'Boise and Wellford has not sent me back to U.I.C. medical center.

And the long pain and suffering to my Right "Back-Hip & Knee" is causing my Right Foot Right ~~to~~ foot to go out and swell up. I'm in extreme pain, and don't no medication work.

Somebody please stop in and help me my "Back" "Right Knee" and "Right Hip" is killing me.

"Thank You"

Respectfully Requested

Michael Coleman
B-08725
D/3-50

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

D350

Date: <u>12-22-2015</u>	Offender: (Please Print) <u>Michael Coleman</u>	ID#: <u>B-08725</u>
Present Facility:		Facility where grievance issue occurred:
NATURE OF GRIEVANCE:		
<input type="checkbox"/> Personal Property <input type="checkbox"/> Mail Handling <input type="checkbox"/> Restoration of Good Time <input type="checkbox"/> ADA Disability Accommodation <input type="checkbox"/> Staff Conduct <input type="checkbox"/> Dietary <input checked="" type="checkbox"/> Medical Treatment <input type="checkbox"/> HIPAA <input type="checkbox"/> Transfer Denial by Facility <input type="checkbox"/> Transfer Denial by Transfer Coordinator <input checked="" type="checkbox"/> Other (specify): <u>Warden</u>		
<input type="checkbox"/> Disciplinary Report: _____ <div style="display: flex; justify-content: space-between;"> Date of Report Facility where issued </div>		
<p>Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.</p> <p>Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to: Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.</p>		
<p>Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):</p> <p><u>Writing this grievance on Dr. O'Boise on 11-10-2014. I fell down a flight of steps and over a rail injuring my "Back-Hip" and "Right Knee". Now I'm waiting on surgery to my "Right Knee & Hip" I'm in "Extreme, intense "Chronic pain" to my "Back-Hip" and Right Knee. I can not walk good nor sleep, nor sit down and don't no pain medication work. I'm experiencing long pain and suffering. And -</u></p> <p>Relief Requested: <u>I want Dr. O'Boise - WLFord - and the Stateville Ward to send me out to UIC medical center and fix my Right Knee Hip & Back.</u></p> <p><input type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.</p> <p><u>Michael Coleman</u> <u>B-08725</u> <u>12, 22, 2015</u></p> <p style="text-align: center;">Offender's Signature ID# Date</p> <p style="text-align: center;">(Continue on reverse side if necessary)</p>		

Counselor's Response (if applicable)		
Date Received: <u>12, 23, 15</u>	<input type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62784-9277	
<p>Response: <u>The original grievance & a copy have been forwarded to the C/O. There is no need to send your copy to the C/O or the HCU. You will receive a final response from the C/O when the HCU reports to us.</u></p> <p><u>G. Hassel</u> <u>[Signature]</u> <u>12, 23, 15</u></p> <p style="text-align: center;">Print Counselor's Name Counselor's Signature Date of Response</p>		

EMERGENCY REVIEW	
Date Received: <u>FEB 1/0 2016</u> ADMINISTRATIVE REVIEW BOARD	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes; expedite emergency grievance <input type="checkbox"/> No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.
_____ Chief Administrative Officer's Signature	_____ Date

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

Dr. O'Brien plus the Warden of Stateville have knowledge of my long pain and suffering, yet they refuse to do anything about my condition. I have inform Dr. O'Brien and the Warden over & over yet no help. Plus Dr. O'Brien read the M.B.I report I had in May. 2015.

550.

Counselor's Response (If applicable)

EMERGENCY REVIEW

U.I.C medical center - and Dr. O'Boise refuse to do anything about my condition's.

I injured my self over 2-years ago Dr. O'Boise told me "40-times" over that U.I.C medical center Doctor's was going to fix my Hip & Knee. plus U.I.C medical Doctor's told Dr. O'Boise a plan showing him how they can fix my Hip & Right Knee if Dr. O'Boise send me back out to U.I.C - medical center. Its been over a year yet Dr. O'Boise refuse to send me back out.

I'm sitting in a cell suffering. I'm in so much pain I can't move good at all. I need medical treatment from U.I.C medical center A.S.A.P

Warden please step in and see that I receive medical treatment A.S.A.P

Michael Coleman

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE

7-2-17

Date: 7-2-2017 Offender: Michael Coleman ID#: B-08725

Present Facility: Stateville C.C. Facility where grievance issue occurred: Stateville C.C.

NATURE OF GRIEVANCE:

☐ Personal Property ☐ Mail Handling ☐ Restoration of Good Time ☐ ADA Disability Accommodation

☐ Staff Conduct ☐ Dietary ☒ Medical Treatment ☐ HIPAA

☐ Transfer Denial by Facility ☐ Transfer Denial by Transfer Coordinator ☒ Other (specify): Dr. O'Brien

☐ Disciplinary Report: _____ Date of Report: _____ Facility where issued: _____

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as Disciplinary Report, Jailhouse Record, etc.) and send to:
Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
Chief Administrative Officer, only if EMERGENCY grievance.
Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

On 5-10-2017, I went on a writ to U.I.C medical Center to see the Doctor about my injured "Hip-Knee and Back" and the Doctor at U.I.C medical center told me that it is too late to have surgery on my right Hip & right knee because Dr. O'Brien waited too long to send me back out. So the Doctor at U.I.C recommended that

Relief Requested: I want to be sent back out on a writ to U.I.C medical Center to see the Pain Doctor for acupuncture A.S.A.P

☒ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Michael Coleman B-08725 7-2-2017

Offender's Signature ID# Date

(Continue on reverse side if necessary)

Counselor's Responses (If applicable)

Date Received: 7.18.17 ☐ Send directly to Grievance Officer ☐ Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 10277, Springfield, IL 62704-0277

Response: A copy of this grievance has been forwarded to the HCU for review and response. The original grievance has been forwarded to the grievance office. There is no need to send your copy to the grievance officer or the HCU. You will receive a final response when the HCU responds to same.

Print Counselor's Name: _____ Counselor's Signature: _____ Date of Response: _____

EMERGENCY REVIEW

Date Received: 7.17.17 Is this determined to be of an emergency nature? ☐ Yes; expedite emergency grievance ☒ No; an emergency is not substantiated. Offender should submit this grievance in the normal manner.

Chief Administrative Officer's Signature: _____ Date: 7.17.17

ILLINOIS DEPARTMENT OF CORRECTIONS
OFFENDER'S GRIEVANCE (Continued)

I was sent back out to U.I.C medical
~~center~~ Center to see a pain specialist
and receive acupuncture.

I went to the Health care center on
5-16-2017 and seen Dr. O'Brien and he
told me I was approve to go back
out to U.I.C medical center to receive
acupuncture for pain on my Right Hip-
Back and Knee.

To day is 7-2-17. yet I still have
~~not~~ not went back out to U.I.C
for pain treatment to my Hip-knee
and Back

And my Right Hip-knee & Back is
still in pain. I need help.